Registrar of Vital Statistics

165 Church St., Suite 154 New Haven, CT 06510 (203) 946-7931

REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON from the TOWN OF BIRTH Vital Records Office

An adopted person who is at least 18 years old, or the adopted person's adult child or grandchild may use this form to request the original birth certificate of the adopted person.

All other person's seeking to obtain a copy of the adopted person's original birth certificate must obtain a court order.

Original records of adopted persons may be stored off-site and may not be immediately available for walk-in service. Contact the Town where adopted person was born for information or complete and mail this form with payment to the City of Birth.

ADOPTIVE NAME:	FIRST	MIDDLE	LAST NAME	
DATE OF BIRTH:	PLA	CE OF BIRTH:		
MONTH DAY YEAR		TOW	TOWN/CITY	
ADOPTIVE MOTHER'S/ ADOPTIVE PAREN	T NAME:			
	FIRST	MIDDLE	LAST NAME (MAIDEN If applicable)	
ADOPTIVE FATHER'S/ADOPTIVE PARENT	NAME:			
.50 2 . /	FIRST	MIDDLE	LAST NAME (Maiden, If applicable)	
NAME:				
NAME:		MIDDLE	LAST NAME	
NAME:		MIDDLE	LAST NAME	
NAME: FIRST ADDRESS: NUMBER		STREET	LAST NAME ZIP CODE:	
ADDRESS:		STATE:	·	

- SUBMIT A COPY OF CURRENT PHOTO IDENTIFICATION (Ex: valid driver's license, passport, state issued ID)
- IF YOU ARE THE ADOPTED PERSON'S ADULT CHILD OR GRANDCHILD, SEND DOCUMENTATION VERIFYING RELATIONSHIP TO REGISTRANT (Ex: birth certificates)
- SEND COURT ORDER IF APPLICABLE
- IN-PERSON REQUESTS AT OFFICE ARE CREDIT CARD PAYMENTS ONLY
- FOR IN PERSON REQUESTS ONLY CREDIT/DEBIT PAYMENT IS ACCEPTABLE. FOR MAIL REQUEST SEND\$65.00 MONEY ORDER IN THE AMOUNT OF **\$65.00** MADE PAYABLE TO VITAL STATISTICS. DO NOT SEND CASH

FOR CITY/TOWN ADDRESS INFORMATION
Please refer to the Town Website or

CT DPH website: https://portal.ct.gov/dph/vital-records/contact -us