



# TOWN OF PORTLAND

Town Clerk's Office  
33 East Main Street, P.O. Box 71 Portland, CT 06480

## APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

Section 19a-41-2. A copy of or access to birth certificates.

### PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by any two of the following documents:

- 1) social security card
- 2) written verification of identity from employer
- 3) automobile registration
- 4) copy of utility bill showing name and address
- 5) checking account deposit slip stating name and address

# \_\_\_\_\_ **Full Size Certified Copy** (Fee \$20.00 per each certified copy)

I am applying for the birth certificate of:

FULL NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: (Town, State) \_\_\_\_\_

Parent 1: Full Birth Name \_\_\_\_\_

Parent 1: Birthplace (State) \_\_\_\_\_

Parent 2: Full Birth Name \_\_\_\_\_

Parent 2: Birthplace (State) \_\_\_\_\_

I declare this is ...

\_\_\_\_\_ My own birth certificate

\_\_\_\_\_ My child's birth certificate

\_\_\_\_\_ My parent's/grandparents birth certificate

\_\_\_\_\_ My spouse's birth certificate

\_\_\_\_\_ My grandchild's birth certificate

\_\_\_\_\_ Other \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name & Address** \_\_\_\_\_



When mailing this form to the Portland Town Clerk's office please be sure to include the following items:

1. Original Application Form
2. Check or money order for \$20 per copy made payable to "Town of Portland"
3. Self Addressed Stamped Envelope
4. Photocopy of Photo I.D.

For office Use Only:

Initials: \_\_\_\_\_ Date Stamp: \_\_\_\_\_

ID's: \_\_\_\_\_

Those allowed to examine birth certificates are: Chief Executive Officer of municipality or his authorized agent, local director of health or his authorized agent, attorneys, title examiners, genealogical societies, the person over 18, their children, spouse, parent, guardian or grandparent if minor, or by Court order