



Office of the Town Clerk Town of Stafford

Warren Memorial Town Hall
1 Main Street PO Box 11
Stafford Springs CT 06076
860-684-1765 Fax 860-684-1795
clerk@staffordct.org

REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

CERTIFICATE SIZE: Full Certified Copy \$20 each Wallet Certified Copy \$15 each

**Access to birth records less than 100 years old is restricted in Connecticut.
PHOTO ID OF APPLICANT IS REQUIRED**

Photo ID may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address; voter registration card.

I am applying for the Birth Certificate of:

Full Name _____
First Middle Last

Date of Birth ____/____/____
Month Day Year

Town of Birth: _____
Town/State

Father's Full Name _____
First Middle Last

Father's Birthplace _____
State

Mother's Maiden Name _____
First Middle Last

Mother's Birthplace _____
State

I declare this is:

- My own birth certificate
- My child's birth certificate
- My parent's/grandparent's certificate
- My spouse's birth certificate
- My grandchild's birth certificate

Reason for Request _____

SIGNATURE of Applicant _____ Telephone _____

Address of Applicant _____

ATTACH A COPY OF PHOTO ID HERE:

MAIL TO:
Stafford Town Clerk
PO Box 11
Stafford Springs, CT 06076

- INCLUDE THE FOLLOWING:**
1. Original Application Form with signature
 2. Check or Money Order
Fee: \$20.00 full copy \$15.00 wallet copy
 3. Self Addressed Stamped Envelope

Office Use Only

Date Processed & Initials

