## MILFORD REGISTRAR OF VITAL STATISTICS

CHECK ONE:		
Application for Birth Certificate		DATE:
Application for <u>Certificate of Birth</u>	Registration (Wallet-size)	
I AM APPLYING FOR THE ABOV	E DOCUMENT (AS CHECK	ED) CONCERNING THE FOLLOWING PERSON:
FULL NAME (FIRST)	(MIDDLE)	(LAST NAME AT TIME OF BIRTH)
DATE OF BIRTH		
PLACE OF BIRTH		HOSPITAL
INF	ORMATION ON ABOVE PI	ERSON'S FAMILY
FATHER'S FULL NAME		(1.4.000)
(FIRST)	(MIDDLE)	(LAST)
<ul> <li>You are a state or federal agency en</li> <li>You are the Local Director of Healt of the birth</li> <li>You are the chief elected official of</li> </ul>	18 years of age or older parent, or spouse of the registrathe registrant, and you are 18 yearing the registrant or the registraphoyee and have an authorized h of the town/city where the both the town/city where the birthed genealogical society authory Unit website for more information.	rant vears of age or older trant's parent, guardian, child, or surviving spouse ed release from the registrant who is 18 years of age or older birth occurred or where the mother was a resident at the time a occurred rized to conduct business in the State of Connecticut (please
MY OWN BIRTH		
MY CHILD'S BIRTH		
THE BIRTH OF A CHILD FOR WHO I AM THE GUARDIAN		
MY GRANDCHILD'S BIRTH (SUBJECT TO PROPER IDENTIFICATION)		
MY GRANDPARENT'S BIRTH (SUBJECT TO PROPER IDENTIFICATION)		
MY SPOUSE'S BIRTH		
MY PARENT'S BIRTH; I AM EIGHTEEN YEARS OF AGE OR OLDER		
PRINT YOUR NAME		
SIGN YOUR NAME		
ADDRESS		
(THIS PART TO BE COMPLETED BY REGISTRAR OF VITAL STATISTICS OFFICE)		
DESCRIBE DOCUMENTATION PROVID	ED:	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
CHECKED BY:	(STAF	F PERSON)