

MILFORD REGISTRAR OF VITAL STATISTICS

APPLICANT MUST PROVIDE PROOF OF IDENTIFICATION

Application for Birth Certificate DATE: _____

Application for Certificate of Birth Registration (Wallet-size)

I AM APPLYING FOR THE ABOVE DOCUMENT (AS CHECKED) CONCERNING THE FOLLOWING PERSON:

FULL NAME: _____
(FIRST) (MIDDLE) (LAST NAME AT TIME OF BIRTH)

DATE OF BIRTH: _____

PLACE OF BIRTH: _____ HOSPITAL

INFORMATION ON ABOVE PERSON'S FAMILY

PARENT #1 FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

PARENT #2 FULL NAME: _____
(FIRST) (MIDDLE) (FAMILY NAME BEFORE MARRIAGE-MAIDEN)

Birth records less than 100 years old

- You are the registrant, and you are 18 years of age or older
- You are the parent, guardian, grandparent, or spouse of the registrant
- You are the child or grandchild of the registrant, and you are 18 years of age or older
- You are an attorney-at-law representing the registrant or the registrant's parent, guardian, child, or surviving spouse
- You are a state or federal agency employee and have an authorized release from the registrant who is 18 years of age or older
- You are the Local Director of Health of the town/city where the birth occurred or where the mother was a resident at the time of the birth
- You are the chief elected official of the town/ city where the birth occurred
- You are a member of an incorporated genealogical society authorized to conduct business in the State of Connecticut (please visit the CSL History and Genealogy Unit website for more information)

I CERTIFY THAT THIS IS AN APPLICATION FOR:

- _____ 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: _____

PHONE NUMBER: _____

(THIS PART TO BE COMPLETED BY REGISTRAR OF VITAL STATISTICS OFFICE)

DESCRIBE DOCUMENTATION PROVIDED: _____

CHECKED BY: _____ (STAFF PERSON)