



Office of the Town Clerk Town of Stafford

Warren Memorial Town Hall
1 Main Street • PO Box 11
Stafford Springs CT 06076-0011
860-684-1765 Fax 860-684-1795

REQUEST FOR BIRTH CERTIFICATE

***Only for births that occurred in the Town of Stafford or if the mother of the child lived in Stafford at the time of birth.**

Money Order or Check made payable to "Stafford Town Clerk".

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

[Exact copy of original for Social Security, passport, schools, etc.] [Sufficient for driver's license]

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

*Place of Birth: _____
Town/State

***Only For Births that occurred in the Town of Stafford or if the mother of the child lived in Stafford at the time of the child's birth**

Father's Full Name _____
First Middle Last

Father's Birthplace _____
State

Mother's Maiden Name _____
First Middle Last

Mother's Birthplace _____
State

SIGNATURE of Applicant _____ Telephone _____

Address of Applicant _____

ATTACH A COPY OF PHOTO ID HERE:

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
- Other _____
(C.G.S. §19a-25; 7-51a; 7-44
as amended by P.A. 01-163)

Reason for request

MAIL TO:

Stafford Town Clerk
PO Box 11
Stafford Springs, CT 06076

INCLUDE THE FOLLOWING:

1. Original Application Form
2. Check or Money Order
Fee: \$20.00 full copy \$15.00 wallet copy
3. Self Addressed Stamped Envelope

Office Use Only

Date Received _____

Processed By _____