

# Town of J gdt qp Birth Certificate Application

Hebron Town Clerk, 15 Gilead Stree, Hebron, CT 06248

Phone: 860-228-5971 ext: 124

PLEASE PRINT

<b>FULL NAME ON CERTIFICATE:</b> _____		
FIRST	MIDDLE	LAST NAME
DATE OF BIRTH: _____ / _____ / _____		PLACE OF BIRTH: _____
Month	Day	Year
FATHER'S FULL NAME: _____		Town/City
MOTHER'S <u>MAIDEN</u> NAME: _____		

PERSON MAKING THIS REQUEST:

NAME: _____		
FIRST	MIDDLE	LAST NAME
ADDRESS: _____		
NUMBER/STREET/ UNIT #		
TOWN/CITY: _____	STATE: _____	ZIP CODE: _____
SIGNATURE: _____		DATE: _____
RELATIONSHIP TO PERSON NAMED ON CERTIFICATE: _____		
***Proof of relationship to registrant must be provided.***		

CERTIFICATE SIZE:

<input type="checkbox"/> FULL SIZE    \$20.00  Number of copies: _____  A minor must have a parent or guardian's signature on this form for a full size copy.	<input type="checkbox"/> WALLET SIZE    \$15.00  The wallet size birth certificate contains less information than the full size certificate. It may not satisfy all proof of identification requirements such as those needed for a passport.	TOTAL NUMBER OF COPIES: _____ X \$20.00 = \$ _____ _____ X \$15.00 = \$ _____ TOTAL: \$ _____ PLEASE DO NOT MAIL CASH
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Attach a copy of the <u>requester's</u> valid government issued photo ID or passport below:  OR <u>two</u> (2) forms of the following: <ul style="list-style-type: none"> <li>○ Social Security card</li> <li>○ Written verification of identity from employer</li> <li>○ Automobile registration</li> <li>○ Copy of utility bill showing name &amp; address</li> <li>○ Voter's registration card</li> <li>○ Checking account deposit slip</li> <li>○ Current school or college photo ID</li> </ul>	Please mail the completed request with the following requirements: <ul style="list-style-type: none"> <li>○ Money order made payable to the Town of Windsor.</li> <li>○ Photocopy of current government issued photo ID.</li> <li>○ (If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).</li> <li>○ Enclose a self-addressed stamped envelope.</li> </ul> <p><b>Mail request to:</b> Town Clerk, 15 Gilead Street Hebron, CT 06095</p>
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