



# City of Middletown Health Department

245 DEKOVEN DRIVE  
P.O. BOX 1300  
MIDDLETOWN, CONNECTICUT 06457

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## Request for Certified Copy of Birth Certificate

Full Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (Town/Hospital): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Residence at Time of Birth: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

This request is for: ( ) myself ( ) my child ( ) my spouse ( ) my parent ( ) minor grandchild

Type of copy: ( ) Full Certified ( ) Certification of Birth (wallet)

**NOTE:** Requests for birth certificates must be obtained from the town in which the birth occurred. To request a birth certificate by mail, send the birth certificate request to the town of birth. If the birth took place in **MIDDLETOWN, CT**, print out the above form and fill in the information and forward a copy of a photo ID, a self addressed stamped envelope, and a certified check or money order in the amount of \$20.00 for each

full-size copy and \$15.00 for each wallet size copy.

Send your request to:

**Middletown Health Department  
Municipal Building  
245 deKoven Drive  
Post Office Box 1300  
Middletown, CT 06457-1300  
(860)-344-3477**

For the protection of the individual, certificates of vital events are NOT open to public inspection