

Request for a Certified Copy of a Birth Record From the Town of Windham

Please Print

FULL NAME ON CERTIFICATE*: _____		
First	Middle	Last
DATE OF BIRTH: ____/____/____	PLACE OF BIRTH: _____	
Month Day Year	Town/City	
FATHER'S FULL NAME: _____		
First	Middle	Last
MOTHER'S MAIDEN NAME: _____		
First	Middle	Last (Maiden)

Person Making This Request

NAME: _____		
First	Middle	Last
ADDRESS: _____		
Number/Street/Unit #		
TOWN/CITY: _____	STATE: _____	ZIP CODE: _____
TELEPHONE: _____		
E-MAIL: _____		
SIGNATURE: X _____		
RELATION TO PERSON NAMED ON CERTIFICATE: _____		
REASON FOR MAKING REQUEST: _____		

Certificate Size

<input type="checkbox"/> FULL SIZE This is the complete birth certificate. This certified birth certificate satisfies most identification requirements, such as those needed for a passport. \$20.00 EACH NUMBER OF COPIES: _____	<input type="checkbox"/> WALLET SIZE 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. \$15.00 EACH NUMBER OF COPIES: _____	TOTAL NUMBER OF COPIES; _____ X \$20.00 = _____ _____ X \$15.00 = _____ TOTAL: \$ _____ PLEASE DO NOT MAIL IN CASH
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Attach a copy of the requester's valid government issued photo ID or passport or: Two (2) forms of the following: <ul style="list-style-type: none"> ▪ Social Security Card ▪ Current paycheck stub ▪ Automobile registration ▪ Utility bill showing name and address ▪ Insurance card or medical card 	Please make sure to mail the completed request with the following requirements: <ul style="list-style-type: none"> ▪ Money order or check to Town of Windham ▪ Current government issued photo ID ▪ (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 showing parents' name).
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- * If adopted, please provide your adoptive name and adoptive parents' information.
- * If you had your name legally changed, please provide a copy of the court documents authorizing the name change.

SEND TO: Windham Town Clerk
 P.O. Box 94
 Willimantic CT 06226