



Town of Thomaston

**Town Clerk's Office
158 Main Street
Thomaston, CT 06787**

Mail request to:

Request for a copy of a birth certificate

**Town Clerk
158 Main Street
Thomaston, CT 06787**

Birth date _____

I. Birth certificate of:	II. Parents of person named in birth cert.
Name:	Father:
Address:	Mother:

III Person making this request

Name:	Type of copy	Fee	Num. Of copies	Total Amt
	Full certified	20.00		
	Wallet size	15.00		

Full certified copy: Sufficient for all legal purposes. If requester is a minor (under 18 years of age) a parent or guardian must sign request.

Certification of Birth : Wallet size is sufficient for Social Security , Driver's license, passport application and working papers.

Your Signature _____

For protection of the individual, birth certificates are not open to public inspection,. If the person making this request is not te person named in the certificate, the following must be completed in order to comply wit the request.

Relationship to person named in this certificate:
i.e. parents, guardian, attorney.

PLEASE BE PREPARED TO SHOW IDENTIFICATION IF APPEARING IN PERSON. IF MAILING, PLEASE SEND A COPY OF I.D. EXAMPLE, DRIVER'S LICENSE (XEROXED COPY)