

**City of Waterbury  
Town Clerk/Vital Statistics  
235 Grand St.  
Waterbury, CT 06702  
(203)574-6806**

**Birth Certificate Application**  
**Please Print and Complete ALL Sections Below**

I. LEGAL FEES
TODAY'S DATE: _____ METHODS OF PAYMENT: CASH OR MONEY ORDER (credit card in person only)
# OF COPIES: _____ FULL CERTIFIED COPY LEGAL FEE \$20.00 EACH (The full-size birth certificate satisfies all legal transactions.)
# OF COPIES: _____ WALLET CERTIFIED COPY LEGAL FEE \$15.00 EACH (The wallet size birth certificate contains less information than the full certificate. It may not satisfy all proof of identification requirements.)
# CERTIFICATE HOLDERS: _____ \$1.00 Each
ADD MAIL TRACKING WITHIN U.S. : _____ \$5.00 Additional Fee
II. BIRTH CERTIFICATE REQUEST
FULL NAME ON CERTIFICATE: _____ / _____ / _____ <span style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><span>FIRST</span><span>MIDDLE</span><span>LAST NAME</span></span>
DATE OF BIRTH: ____/____/____ SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE TOWN OF BIRTH: _____
FATHER'S FULL NAME: _____ <span style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><span>FIRST</span><span>MIDDLE</span><span>LAST NAME</span></span>
MOTHER'S FULL MAIDEN NAME: _____ <span style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><span>FIRST</span><span>MIDDLE</span><span>LAST NAME</span></span>
III. PERSON MAKING THE REQUEST
NAME: _____ / _____ / _____ <span style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;"><span>FIRST</span><span>MIDDLE</span><span>LAST NAME</span></span>
ADDRESS: _____
TOWN/CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: _____
RELATIONSHIP TO PERSON: <input type="checkbox"/> SELF <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER (as authorized by the State)
<b>OR</b>
PROOF OF RELATIONSHIP IS REQUIRED IF YOU ARE THE: <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> SPOUSE
<b>SIGNATURE:</b> _____

Include the following:

- Completed application form
- Copy of acceptable ID
- Money Order payable to Vital Statistics - **Personal Checks are NOT accepted**
- Self-addressed, stamped envelope or additional \$5.00 for tracking within U.S.
- Mail to Vital Statistics, 235 Grand St., Waterbury, CT 06702