

# **REQUEST FOR COPY OF VITAL RECORD**

Town of North Branford CT

*Please Print*

I, \_\_\_\_\_ am requesting a certified copy

of a      BIRTH      DEATH      MARRIAGE      CIVIL UNION  
*Please Circle*

for \_\_\_\_\_  
*Print name(s)      (Spouse's Maiden name if requesting a Marriage License)*

The date of occurrence of the record is: \_\_\_\_\_

My relation to the person(s) named on the certificate is: \_\_\_\_\_

*If Birth Record...*

Father's full name on the certificate is: \_\_\_\_\_

Mother's full maiden name on the certificate is: \_\_\_\_\_

\_\_\_\_\_ *Signature*

**Contact:**

**Phone:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Please include a copy of your photo ID along with the fee of \$20 per certified copy and a stamped self addressed envelope.**

**Mail request to Town Clerk @ 909 Foxon Road, North Branford CT 06471**