

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