



Town of Beacon Falls Request for Birth Certificate

FOR THE PROTECTION OF THE INDIVIDUAL, CERTIFICATES OF BIRTH ARE NOT OPEN FOR PUBLIC INSPECTION IN ACCORDANCE WITH THE CONNECTICUT GENERAL STATUTES 7-51. IF THE PERSON MAKING THIS REQUEST IS NOT THE PERSON NAMED IN THE CERTIFICATE, THE FOLLOWING MUST BE COMPLETED IN ORDER TO PERMIT THIS OFFICE TO COMPLY WITH THE REQUEST.

Relationship to person named in this certificate - self, parent, attorney: _____
Address: _____
Email: _____ Phone: _____

Number of copies requested: _____

THE FEE IS **\$20.00 PER CERTIFIED COPY**, EFFECTIVE OCTOBER 1, 2009.

Full Certified Copy is sufficient for all legal purposes

Birth Certificate Requested

Child's Date of Birth: _____ Sex: _____
Child's Full Name at Birth: _____
Mother's Full Maiden Name: _____
Mother's Birthplace: _____
Father's Full Name: _____
Father's Birthplace: _____

Your signature: _____

NOTE: IF THE PERSON REQUESTING THE COPY IS A MINOR (UNDER 18 YEARS OF AGE), PARENT OR LEGAL GUARDIAN MUST SIGN THE REQUEST.

IDENTIFICATION IS REQUIRED

IF MAILING THIS PLEASE SEND A COPY OF DRIVER'S LICENSE OR PHOTO IDENTIFICATION TO ADDRESS BELOW. MAKE CHECK OR MONEY ORDER PAYABLE TO: "TOWN CLERK BEACON FALLS."

**Beacon Falls Town Clerk
10 Maple Avenue
Beacon Falls, CT 06403
203-729-8254; Fax 203-729-8204**

Birth records *less than 100 years old* are open to the following:

- Person who is subject of the birth certificate
- Parent or guardian, grandparent, if a minor
- Spouse or children, if over 18