

# **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 \_\_\_\_\_

*People(s) Names(s).....Brides 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:

\_\_\_\_\_

Reason for making this request: \_\_\_\_\_

*If Birth Record...*

Fathers full name on the certificate is: \_\_\_\_\_

Mothers 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**