

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS

REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON from the TOWN OF BIRTH Vital Records Office

An adopted person who is at least 18 years old, or the adopted person's adult child or grandchild may use this form to request the original birth certificate of the adopted person.

All other person's seeking to obtain a copy of the adopted person's original birth certificate must obtain a court order.

Original records of adopted persons may be stored off-site and may not be immediately available for walk-in service. Contact the Town where adopted person was born for information or complete and mail this form with payment to the City of Birth.

ADOPTION INFORMATION (Please Print)

ADOPTIVE NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
MONTH DAY YEAR TOWN/CITY

ADOPTIVE MOTHER'S/ ADOPTIVE PARENT NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME (MAIDEN If applicable)

ADOPTIVE FATHER'S/ADOPTIVE PARENT NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME (Maiden, if applicable)

PERSON MAKING THIS REQUEST:

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAME

ADDRESS: \_\_\_\_\_  
NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS (optional): \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_

RELATION TO PERSON NAMED IN CERTIFICATE: \_\_\_\_\_

REASON FOR MAKING REQUEST: \_\_\_\_\_

- SUBMIT A COPY OF CURRENT PHOTO IDENTIFICATION (Ex: valid driver's license, passport, state issued ID)
- IF YOU ARE THE ADOPTED PERSON'S ADULT CHILD OR GRANDCHILD, SEND DOCUMENTATION VERIFYING RELATIONSHIP TO REGISTRANT (Ex: birth certificates)
- SEND COURT ORDER IF APPLICABLE
- SEND MONEY ORDER IN THE AMOUNT OF \$65.00 MADE PAYABLE TO TOWN OF BIRTH. DO NOT SEND CASH
- MAIL REQUEST AND \$65.00 PAYMENT TO:

MANCHESTER TOWN CLERK'S OFFICE  
41 CENTER STREET  
MANCHESTER, CT 06040