

City of Waterbury  
Town Clerk/Vital Statistics  
235 Grand St.  
Waterbury, CT 06702

Phone 203-574-6806 Email [townclerk@waterburyct.org](mailto:townclerk@waterburyct.org)

**Birth Certificate Application**

Please Print and Complete ALL Sections Below

**METHODS OF PAYMENT: CASH OR MONEY ORDER. (CREDIT CARD ACCEPTED IN PERSON ONLY)**

**FULL SIZE CERTIFIED COPY (\$20 EACH)** \_\_\_\_\_ # COPIES Full size satisfies all legal requirements

**WALLET SIZE CERTIFIED COPY (\$15 EACH)** \_\_\_\_\_ # COPIES May not satisfy proof of identification requirements

**CERTIFICATE HOLDER (\$1 EACH)** \_\_\_\_\_ # HOLDERS

**FIRST CLASS MAIL WITH TRACKING (\$ 5 EACH)** \_\_\_\_\_ \*

*\*All certified copies of vital records are now being mailed with tracking. If you choose to opt out of tracking you must provide a self-addressed, stamped envelope. There will be no replacement for any lost mail that was not sent with tracking.*

**FULL NAME ON CERTIFICATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SEX:** \_\_\_\_\_ **TOWN OF BIRTH** \_\_\_\_\_

**FATHER'S FULL NAME:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

**MOTHER'S FULL MAIDEN NAME:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

**Information of Person Making the Request:**

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**RELATIONSHIP TO PERSON ON CERTIFICATE:** \_\_\_\_\_ SELF \_\_\_\_\_ PARENT \_\_\_\_\_ OTHER

**or PROOF OF RELATIONSHIP REQUIRED IF YOU ARE THE:**

\_\_\_\_\_ SON/DAUGHTER \_\_\_\_\_ GRANDPARENT \_\_\_\_\_ CUSTODIAN/GUARDIAN \_\_\_\_\_ SPOUSE

**Include the following:**

Completed Application Form

Copy of Acceptable ID (see list)

Money Order made payable to Vital Statistics

**\*\*\*Personal Checks are NOT accepted\*\*\***

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

Mail to: Vital Statistics, 235 Grand St., Waterbury, CT 06702