

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 Fee) \_\_\_\_\_ \*

*\*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