Town of Windsor Birth Certificate Application Office of the Town Clerk – 275 Broad Street – Windsor, CT 06095

Phone: 860-285-1902

FULL NAME ON CERTIFICATE:							
	FIRST	MIDDLE	LAST NAME				
DATE OF BIRTH: / /	I	PLACE OF BIRTH:					
Month Day	Year		Town/City				
FATHER'S FULL NAME:							
MOTHER'S MAIDEN NAME:							

PERSON MAKING THIS REQUEST

NAME:							
FIRST	MIDDLE		LAST NAME				
ADDRESS:							
NUMBER/STREET/ UNIT #							
TOWN/CITY:		_ STATE:	ZIP CODE:				
SIGNATURE:			DATE:				
RELATIONSHIP TO PERSON NAMED ON CERTIFICATE:							
Proof of relationshi	p to registrant must be provid	ed.					
IF MAKING REQUEST BY MA	AIL:						
		A TT					
PHONE #:	EM	AIL:					

CERTIFICATE SIZE

□ FULL SIZE	□ WALLET SIZE		TOTAL NUMBER OF COPIES:	
\$20.00	\$15.00 The wallet size birth certificate contains		X \$20.00 = \$	
Number of copies:	less information than the full size certificate. It may not satisfy all proof of		X \$15.00 = \$	
A minor must have a parent or guardian's	identification requirements such as those		TOTAL: \$	
signature on this form for a full size copy.	needed for a passport.		PLEASE DO NOT MAIL CASH	
Attach a copy of the requester's valid government issued photo ID or passport OR two (2) forms of the following below: • Social Security card • Written verification of identity from employer • Automobile registration • Copy of utility bill showing name & address		 Please mail the completed request with the following requirements: Check or Money Order made payable to the Town of Windsor. Photocopy of current government issued photo ID. (If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate). Enclose a self-addressed stamped envelope. 		
 Voter's registration card Checking account deposit slip Comment school on college whete ID 		Mail request to: Town Clerk's Office, 275 Broad St., Windsor CT 06095		
• Current school or college photo ID				