

REQUEST FOR COPY OF VITAL RECORD

PARTY REQUESTING DOCUMENT: Please Print

Date: _____

Your Name: _____

Current Address: _____

I certify that the person named in the Certificate I am requesting is:

___ Myself ___ Mother ___ Father ___ Son ___ Daughter ___ Spouse
___ Other (explain) _____

Signature

Phone #

COMPLETE SECTION FOR REQUESTED CERTIFICATE

Request for BIRTH CERTIFICATE of:

Full Name at Birth _____ Date of Birth _____

Place of Birth _____

Mothers Maiden Name _____

Fathers Name _____

Request for MARRIAGE CERTIFICATE of:

Bride/Groom/Spouse Name _____

Bride/Groom/Spouse Name _____

Date of Marriage _____

Place of Marriage _____

Request for DEATH CERTIFICATE of:

Full Name _____

Date of Death _____

Place of Death _____

Please include a copy of your photo ID along with the fee of \$20 per certified copy and a stamped self-addressed envelope. Checks should be made payable to Madison Town Clerk.

Mail to: Town Clerk, 8 Campus Drive, Madison, CT 06443