

VITAL RECORDS SECTION

General Public

Request for copies of records of vital events which occurred in Connecticut

Attached are the request forms to be used by individuals requesting vital records of events which occurred in the State of Connecticut. Please feel free to make copies.

The State of Connecticut Vital Records Section only maintains records which have occurred in Connecticut since July 1, 1897. For records prior to that date, please contact the town/city of occurrence or the Connecticut State Library at (860) 566-3692.

Divorce decree records must be requested from the Superior Court where the divorce was granted. Enclosed is a list of addresses and telephone numbers for Superior Courts in Connecticut. Please call the appropriate court for fees and requirements.

The vital records at the Department of Public Health (DPH) are being microfilmed which currently precludes this office from issuing certified copies of records. Requests for records must be sent to the town or city of occurrence. Enclosed is a list of Connecticut's Registrars' and Town Clerks' phone numbers and addresses.

The fee for a certificate at the town level is \$10.00. Please remit a **money order** made payable to the proper town or city.

Section 19a-41-2, of the Connecticut State Agencies' Regulations, requires that anyone requesting a copy of a birth certificate in the State of Connecticut, either in person or by mail, **must submit a photocopy of a picture identification.**

Pursuant to Connecticut General Statutes §7-51 and 7-51a, Connecticut birth records, which are less than 100 years old, are "confidential" and are not open to the general public. Please see the attachment pertaining to those individuals who are entitled to request and receive birth records. Anyone requesting, either in person or by mail, a copy of a birth certificate that is less than 100 years old, shall provide documentation proving that such person is entitled to a copy of the birth certificate under Section 7-51 of the Connecticut General Statutes.

Additionally, requests made for a certified copy of a marriage license will be issued without the social security numbers of the bride and groom, unless the requester is the bride, groom, officiator of the marriage, town clerk, registrar, or other persons authorized by the Department of Public Health. Similarly, for deaths occurring after July 1, 1997, the death certificate will be issued without the social security number of the decedent, unless the request is made by a party specified on the death certificate, such as the informant, licensed funeral director, licensed embalmer, conservator, surviving spouse, physician, town clerk, or registrar, or other persons as authorized by the Department of Public Health.

For additional information, please contact a DPH Customer Service Representative at (860) 509-7897 or the appropriate local registrar.

Vital Records Section
Customer Service

VITAL RECORDS SECTION

Access to Birth Records

Connecticut General Statutes § 7-51 and 7-51a, allows access to birth records to the following categories of individuals:

*** *Birth records more than 100 years old:***

Are open to any person

*** *Birth records less than 100 years old are open to:***

Person whose birth is recorded (If person is 18 or older)

Parents

Grandparent or Guardian, if a minor

Grandchildren

Spouse

Children (If over 18)

Local Health Director

Chief Elected official of Municipality or agent

Attorneys-at-law representing the registrant or the registrant's authorized agent

Title Examiners representing the registrant or the registrant's authorized agent

Persons authorized by court order

State or Federal Agency employee authorized by DPH Commissioner

Members of incorporated genealogical societies authorized to conduct business in the

State of Connecticut

REQUEST FOR COPY OF BIRTH CERTIFICATE

VS-39B Revised: 6/26/07

PLEASE PRINT

DO NOT MAIL CASH

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITY

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE MAIDEN NAME

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: _____

CERTIFICATE SIZE: WALLET SIZE (fee \$5.00)
NOTE THAT THE WALLET SIZE BIRTH CERTIFICATE CONTAINS LESS
INFORMATION THAN THE FULL SIZE CERTIFICATE. IT MAY NOT SATISFY ALL
PROOF OF IDENTIFICATION REQUIREMENTS SUCH AS THOSE NEEDED TO
OBTAIN PASSPORTS.



NUMBER OF COPIES

FULL SIZE (fee \$10.00)

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION AND VERIFICATION OF
RELATIONSHIP TO REGISTRANT

FEE: \$10.00 FOR FULL SIZE AND \$5.00 FOR WALLET SIZE PER COPY. MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF BIRTH
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF BIRTH
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN
at the Department of Public Health website: <http://www.dph.state.ct.us/PB/HISR/townclerks.htm>

ATTACH A COPY OF PICTURE IDENTIFICATION HERE: