STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS

An adopted person who is at least 18 years old, or the adopted person’s adult child or grandchild may use this form to request the original birth certificate of the adopted person.

All other person’s seeking to obtain a copy of the adopted person’s original birth certificate must obtain a court order.

Original records of adopted persons may be stored off-site and may not be immediately available for walk-in service. Contact the Town where adopted person was born for information or complete and mail this form with payment to the City of Birth.

ADOPTEE INFORMATION (Please Print)

ADOPTIVE NAME:_________________________________________________________________________________________________________
FIRST MIDDLE LAST NAME

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

ADOPTIVE MOTHER’S/ADOPTIVE PARENT NAME: ______________________________________________________________________________
FIRST MIDDLE LAST NAME (MAIDEN If applicable)

ADOPTIVE FATHER’S/ADOPTIVE PARENT NAME: _______________________________________________________________________________
FIRST MIDDLE LAST NAME (Maiden, If applicable)

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:

• SUBMIT A COPY OF CURRENT PHOTO IDENTIFICATION (Ex: valid driver’s license, passport, state issued ID)
• IF YOU ARE THE ADOPTED PERSON’S ADULT CHILD OR GRANDCHILD, SEND DOCUMENTATION VERIFYING RELATIONSHIP TO REGISTRANT (Ex: birth certificates)
• SEND COURT ORDER IF APPLICABLE
• SEND CHECK OR MONEY ORDER IN THE AMOUNT OF $65.00 MADE PAYABLE TO CITY OF DANBURY. DO NOT SEND CASH
• MAIL REQUEST AND $65.00 PAYMENT TO:

Town Clerk’s Office
City of Danbury
155 Deer Hill Avenue
Danbury, CT  06810