



Town of Newington  
 Registrar of Vital Statistics  
 200 Garfield Street  
 Newington, Connecticut 06111  
 (860) 665-8545



**VitalDirector by Permitium  
 Online Vitals Request Portal**

Complete your request online and save time.

**REQUEST FOR BIRTH CERTIFICATE**

Long Form Certified copy - \$20.00

Fee: cash or check made payable to "**Newington Town Clerk**"

[Exact copy of original for Social Security, Passport, DMV, School, etc.]

**Access to birth records less than 100 years old is restricted in Connecticut.**

**PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED**

**Photographic identification may be substituted by any two of the following documents:** Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name address.

I am requesting the birth certificate of:

I declare this is...

Full Name \_\_\_\_\_  
*(first/middle/last)*

My own birth certificate

Date of Birth \_\_\_\_\_  
*(month/day/year)*

My child's birth certificate

Place of Birth \_\_\_\_\_  
*(town/state/country)*

My parent's/grandparent's certificate

Parent A Full Maiden Name \_\_\_\_\_  
*(If Mother use Maiden Name) (first/middle/last)*

My spouse's birth certificate

Parent A Birthplace \_\_\_\_\_  
*(state/country)*

My grandchild's birth certificate

Parent B Full Maiden Name \_\_\_\_\_  
*(If Mother use Maiden Name) (first/middle/last)*

Other \_\_\_\_\_  
*(C.G.S. §19a-25; 7-51a; 7-44 as amended by P.A. 01-163)*

Parent B Birthplace \_\_\_\_\_  
*(state/country)*

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

**SIGNATURE** of Applicant \_\_\_\_\_

Contact Info Email/Phone of Applicant \_\_\_\_\_



*When mailing this form to the Newington Town Clerk's Office please be sure to include the following items:*

- ① Original Application Form
- ② Check or Money Order for total copies requested
- ③ Self Addressed Stamped Envelope
- ④ Photocopy of Photo I.D.

**Office Use Only ↓**

DATE: _____	INITIALS: _____
ID's _____	PCN #: _____
_____	PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK