REQUEST FORM – COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON VS – OAROOO1 (Revised 6/21)

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS

REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON from the West Haven Vital Records Office.

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.

All requests that do not meet the above criteria must be accompanied by a court order permitting the release of the original birth certificate.

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 City of Birth.

FIRST		MIDDLE	LAST NAME
DATE OF BIRTH:/	PLACE OF BIRTH: _	TOWN/OTY	
DOPTIVE MOTHER/ADOPTIVE PARENT NAME:	FIRST	MIDDLE	LAST NAME (MAIDEN if applicable)
DOPTIVE FATHER/ADOPTIVE PARENT NAME:	PIRST	MIDDLE	LASTNAME (MAIDEN if applicable)
SON MAKING THIS REQUEST:			
AME:	MIDDLE		LAST NAME
RRST	MIDDLE		LAST NAME
DRESS:	MIDDLE	STATE:	ZIP CODE:
ME: PREST DRESS: NUMBER WN/CITY: LEPHONE NO.:	MIDDILE		ZIP CODE: _

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 MONEY ORDER IN THE AMOUNT OF \$65.00 MADE PAYABLE TO **Town of Birth**. DO NOT SEND CASH MAIL REQUEST AND \$65.00 PAYMENT TO: Town of Birth

For City/Town Address Information
Please refer to the Town website or
CT DPH website https://portal.ct.gov/dph/vital-records/contact-us