

REQUEST FOR COPY OF VITAL RECORD

Town of North Branford CT

Please Print

I, _____ am requesting a certified copy

of a BIRTH DEATH MARRIAGE CIVIL UNION

Please Circle

for _____

People(s) Names(s).....Brides Maiden name if requesting a Marriage License

The date of occurrence of the record is: _____

My relation to the person(s) named on the certificate is:

Reason for making this request: _____

If Birth Record...

Fathers full name on the certificate is: _____

Mothers full maiden name on the certificate is: _____

Signature

Contact:

Phone: _____

EMAIL: _____

Please include a copy of your photo ID along with the fee of \$10 per certified copy and a stamped self addressed envelope.

Mail request to Town Clerk @ PO Box 287, North Branford CT 06471