

The following are ways to request Certified Copies of Birth Certificates, Death Certificates, or Marriage Certificates:

Mail

Fill out the following Request form and mail it to the East Lyme Town Clerk, PO Box 519, Niantic CT 06357. If you are paying by check please make it payable to East Lyme Town Clerk. If you are paying by credit card complete the attached Credit Card Authorization Form and return it with the request. Provide a copy of your ID with the request. Once all paperwork is completed and payment is made we will mail the certified copy to the requestor.

E-Mail

Fill out the following Request form, the Credit Card Authorization form, and email them along with a copy of your ID to the East Lyme Town Clerk, kgalbo@eltownhall.com and the Assistant Town Clerk bstevens@eltownhall.com. Once all paperwork is completed and payment is made we will mail the certified copy to the requestor.

In Person

Fill out the request form, you may come into our office at East Lyme Town Hall, 108 Pennsylvania Avenue, Niantic CT Monday through Thursday 8:00 a.m. to 5:00 p.m. and on Friday 8:00 a.m. to 11:30 a.m.

If you have any questions please contact the East Lyme Town Clerk's office at 860-739-6931 ext. 1135.

Karen Miller Galbo
East Lyme Town Clerk

REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE TOWN

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Records offices in Connecticut, please refer to the Town website or the DPH website at www.ct.gov/dph.

PLEASE PRINT

FULL NAME ON CERTIFICATE*: _____
 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 LAST NAME

PERSON MAKING THIS REQUEST:

NAME: _____
 FIRST MIDDLE LAST NAME

ADDRESS: _____
 NUMBER/STREET/UNIT #

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

SIGNATURE: X _____

RELATION TO PERSON NAMED ON CERTIFICATE: _____

CERTIFICATE SIZE:		TOTAL NUMBER OF COPIES:
FULL SIZE	WALLET SIZE	
	The wallet size birth certificate contains less information than the full size certificate. It <u>does not</u> satisfy the proof of identification requirements needed for a passport or a driver's license.	_____ X \$20.00 = \$ _____
\$20.00 EACH	\$15.00 EACH	_____ X \$15.00 = \$ _____
NUMBER OF COPIES: _____	NUMBER OF COPIES: _____	TOTAL: \$ _____

<p>Attach a copy of the <u>requester's</u> valid government issued photo ID or passport below:</p> <p>Or two (2) forms of the following:</p> <ul style="list-style-type: none"> - Social security (SS) card - Paycheck Stub or a W-2 form that contains the SS # - Current school or college photo ID - Automobile registration - Copy of utility bill or bank statement showing name and address - See website ct.gov/dph for other forms of ID accepted 	<p>Please mail the completed request with the following required documents:</p> <p>Money order made payable to City/Town (refer to the Town or DPH website cited above)</p> <p>Current government issued photo ID</p> <p>(If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).</p>
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*If adopted, please provide your adoptive name and adoptive parents' information.

*If the requester had a legal name change, please provide a copy of the court documents authorizing the name change.

Birth Request form from Town Rev. 5-2012

Town of

108 Pennsylvania Avenue
P.O. Box 519
Karen Miller Galbo
Office of the Town Clerk



East Lyme

Niantic, Connecticut 06357
(860) 739-6931 ext. 1135
kgalbo@eltownhall.com

CREDIT CARD/DEBIT CARD/ELECTRONIC CHECK (ACH) AUTHORIZATION FORM FOR CERTIFIED COPY OF BIRTH, DEATH, OR MARRIAGE CERTIFICATE

Please Be Aware of the Following Fees for the use of Credit Cards/Debit Cards/Electronic Checks, these fees will be added to the \$20.00 fee for the Certified Copy Being Requested:

Credit Cards: 2.50% with a minimum of \$2.00

Debit Cards: \$3.50 Flat Fee

Electronic Checks (ACH): \$2.00 Flat Fee

CARDHOLDER INFORMATION:

Name:

Billing Street Address:

City, State, Postal Code:

Country:

Email Address:

Address (If different than billing address)

Telephone:

☐ I authorize a one-time charge against my credit card/debit card/electronic check for the services requested:

CARD INFORMATION:

Type of Card? Debit _____ Credit _____

MasterCard _____

Visa _____

American Express _____

Discover Card _____

Number: _____

Expiration Month and Year: _____

Cardholder Signature: _____

Security Code: _____

If using Electronic Check:

Bank Routing Number: _____

Bank Account Number: _____

Account Holder's Signature: _____