



TOWN OF KILLINGLY

TOWN CLERK'S OFFICE

172 Main Street, Killingly, CT 06239
Tel: 860-779-5307 Fax: 860-779-5316

Date _____

Dear _____:

Enclosed please find a Request for Copy of Birth Certificate form. As of October 1, 2009, there is a \$15.00 fee for the wallet size form and there is a \$20.00 fee for the long form. Please complete this form and return it to our office, along with your money order, payable to the "Town of Killingly", in the appropriate amount. In addition, please send us a copy of a form of your identification that contains your signature (i.e., Driver's License). We will only use this identification to verify your signature on the Request for Copy of Birth Certificate form.

As noted in a letter from the State of Connecticut, Office of Attorney General, only the following people will be able to obtain a copy of a birth certificate that is less than 100 years old:

- The person who is the subject of the birth certificate
- The applicant's parent, guardian or grandparent, if the applicant is a minor
- The applicant's spouse or children
- A Chief Elected Official of a municipality or agent
- The local Health Director
- Attorneys
- Title examiners
- Members of Incorporated Genealogical Societies or Societies Authorized to Conduct Business in Connecticut
- Persons authorized by Court Order
- State or Federal Agency authorized by State Commissioner of Public Health

In October, 2001, we were notified by the Department of Public Health that grandchildren are also able to obtain a copy of his or her grandparent's birth certificate.

If you have any questions, please contact our office at (860) 779-5307, Monday, Wednesday, Thursday 8:00 AM – 5:00 PM, Tuesday 8:00 – 6:00 PM, Friday, 8:00 AM to 12:00 Noon.

Sincerely,
Killingly Town Clerk's Office

**TOWN OF KILLINGLY
Town Clerk's Office
172 Main Street
Killingly, CT 06239**

Tel. (860) 779-5307

Fax (860) 779-5316

ELIZABETH M. WILSON
TOWN CLERK

JO-ANN S. PERREAULT
ASSISTANT TOWN CLERK

KELSEY SHAVER
ADMINISTRATIVE SECRETARY II

BIRTH CERTIFICATE APPLICATION FORM

_____ **Fee: \$15.00 each**
Short Form (wallet size)
Over 16 years of age

_____ **Fee: \$20.00 Each**
Long Form (Parental Info.)
Over 18 years of age

Child's full name at birth: _____

Date of birth: _____

Place of birth: _____

Father's full name: _____

Father's residence at child's birth: _____

Father's place of birth: _____

Mother's maiden name: _____

Mother's residence at child's birth: _____

Mother's place of birth: _____

APPLICANT'S SIGNATURE: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S RELATIONSHIP TO CHILD: _____

FOR REGISTRAR'S USE ONLY:

Date certified copy issued: _____ Person issuing copy: _____

Form of identification used: _____
