REQUEST FORM FOR COPY OF ORIGINAL BIRTH CERTIFICATE OF ADOPTED PERSON

As of July 1, 2015, certain persons are eligible to obtain a copy of an original birth certificate of an adopted person without a court order. To be eligible to obtain a copy of an original birth certificate of an adopted person without a court order, the following criteria must be met:

- The requester is the adopted person named in the birth certificate and at least 18 years old, or the requester is the adopted person’s adult child or grandchild; and
- The adoption was finalized on or after October 1, 1983.

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 are stored off-site and therefore are not available for walk-in service. You must complete this form and mail your request to the address below.

ADPTION INFORMATION (Please Print)

ADOPTIVE NAME: ___________________________ FIRST MIDDLE LAST NAME

DATE OF BIRTH: __/__/____ PLACE OF BIRTH: ____________________________

MONTH DAY YEAR TOWN/CITY

ADOPTIVE MOTHER’S MAIDEN NAME: ___________________________ FIRST MIDDLE NAME

ADOPTIVE FATHER’S FULL NAME: ___________________________ FIRST MIDDLE LAST NAME

PERSON MAKING THIS REQUEST:

NAME: ___________________________ FIRST MIDDLE LAST NAME

ADDRESS: ___________________________ NUMBER STREET

TOWN/CITY: ___________________________ STATE: ________ ZIP CODE: ________

TELEPHONE NO.: ___________________________ E-MAIL ADDRESS (optional): ___________________________

SIGNATURE: X ___________________________

RELATION TO PERSON NAMED IN CERTIFICATE: ___________________________

REASON FOR MAKING REQUEST: ___________________________

- 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 “TREASURER, STATE OF CONNECTICUT”. DO NOT SEND CASH
- MAIL REQUEST AND $65.00 PAYMENT TO:

DEPARTMENT OF PUBLIC HEALTH/ VITAL RECORDS UNIT
410 CAPITOL AVENUE, MS#11 VRS
PO BOX 340308
HARTFORD, CONNECTICUT 06134