

**Request for a Certified Copy of a Birth Certificate
from the Town of Sherman**

FULL NAME ON CERTIFICATE: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ / _____ / _____ PLACE OF BIRTH: _____
MONTH DAY YEAR TOWN/CITY

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER/STREET

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO: _____ E-MAIL ADDRESS: _____

RELATION TO PERSON NAMED ON CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

SIGNATURE: X _____ DATE: _____

The fee for a copy of a Birth Certificate from the Town of Sherman is \$20.00 per copy.

Number of Copies Requested: _____ Amount Enclosed: \$ _____

Please send this request with a Check or Money Order made payable to the Town of Sherman.

Mail this request to: Town of Sherman, PO Box 39, Sherman, CT 06784

Attach a copy of picture identification