

Town of Madison, Connecticut  
**REQUEST FOR COPY OF VITAL RECORD**

Party Requesting Document: Please Print



Current Date

Your Name:

Current Address:

I certify that the person named in the Certificate I am requesting is:

Myself       Mother       Father       Son       Daughter       Spouse

Other (explain)

Signed By \_\_\_\_\_

Phone Number

**COMPLETE SECTION FOR REQUESTED CERTIFICATE**

Request for **BIRTH CERTIFICATE** of:

Full Name at Birth:  Date of Birth:

Place of Birth:

Mother (Maiden)/Father Name:

Mother (Maiden)/Father Name:

Request for **MARRIAGE CERTIFICATE** of:

Bride/Groom/Spouse Name:

Bride/Groom/Spouse Name:

Date of Marriage:  Place of Marriage:

Request for **DEATH CERTIFICATE** of:

Full Name:

Date of Death:  Place of Death:

Please include a copy of your photo ID along with the fee of \$20 per certified copy and a stamped self-addressed envelope. Checks should be made payable to Madison Town Clerk.

Mail to: Town Clerk, 8 Campus Drive, Madison, CT 06443