

**OPTION 2:**

Please complete the form below and mail it to:

Norwich City Clerk  
100 Broadway Room 215  
Norwich, CT 06360

and include the appropriate identification (refer to “Birth Record Request Requirements”) and payment (no personal checks please).

DATE \_\_\_\_\_

**TYPE OF VITAL RECORD:**

QTY \_\_\_\_\_ BIRTH LONG FORM \$20.00  
(Required for a passport)

QTY \_\_\_\_\_ BIRTH CARD \$ 15.00  
(No parents’ names)  
(Most States Outside CT Do Not Accept The Card)

QTY \_\_\_\_\_ DEATH CERTIFICATE \$20.00

QTY \_\_\_\_\_ MARRIAGE CERTIFICATE \$20.00

NAME(S) ON VITAL BEING REQUESTED: \_\_\_\_\_

DATE OF VITAL: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

MOTHERS FIRST AND MAIDEN NAME: \_\_\_\_\_

**MAILING ADDRESS:**

NAME: \_\_\_\_\_

STREET ADDRESS TO MAIL TO: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If you have further questions please call 860/823-3732.