



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Vital Records

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Maritza Bond, MPH
Director of Health
Albertina Baptista, MPH
Deputy Director of Health
Patricia P. Ulatowski
Assistant Registrar

BRIDGEPORT RESIDENT MUNICIPAL ID CARD
APPLICATION FORM

Last Name/Apellido _____

First Name/Nombre _____

Middle Initial/Inicial Segundo Nombre _____ ***Suffix/Sufijo (Jr, Sr, III)*** _____

Date of Birth/Fecha de Nacimiento _____

ADDRESS/DIRECCION

Residential Address/Dirección de su Domicilio (No. and Street/Numero y Calle)

EMERGENCY CONTACT INFORMATION/INFORMACION PARA EMERGENCIAS

Name/Nombre _____

Contact Information/ _____
Informacion de esa personal

Allergies/Alergias: _____

CERTIFICATION/CERTIFICACION

I certify under penalties of false statement that I am a resident of the City of Bridgeport and that all statements made on this application are true and correct to the best of my knowledge and belief. If I have applied and received a card before, I certify that the original card was lost, stolen or destroyed or has expired. False statements are punishable under section 53a-157b of the Connecticut General Statutes.

Yo certifico bajo pena de perjurio que soy residente de la ciudad de Bridgeport y de que Todas las declaraciones hechas en esta solicitud son correctas por lo que yo se. Si en el Pasado solicite y recibí una tarjeta, certifico que la tarjeta originam se perdió, fue robada O destruida. Declaraciones falsas son castigadas bajo Sección 53a del Estatuto General De Connecticut.

Signature of Applicant/Firma de Apicante

Date Signed/Fecha

Fee: \$15.00

Note:

No personal information will be retained by the City except name, ID # and expiration date of applicant.

All supporting documents will be returned to applicant at the time of card issue.

If card is lost or damaged the applicant must re-apply and remit applicable fee.