

REQUEST FOR BIRTH CERTIFICATE

Name of child: _____

Date of birth: _____

Place of birth: _____

Father's name: _____

Mother's name: _____

Contact telephone number: _____

Signature

Date

NOTE: If a birth record is restricted (parents were not married at time of birth or father not named), please send a photocopy of your driver license. Only those named on the birth certificate have a right to said document.

Submit completed Request for Birth Certificate, \$10 check or money order payable to the City of Chelsea, and self-addressed stamped envelope to Office of the City Clerk, City Hall, 500 Broadway, Rm. 209, Chelsea, MA 02150.