



**City of Marlborough, Massachusetts
CITY CLERK DEPARTMENT**

**Lisa M. Thomas
City Clerk**

MAIL IN FORM TO REQUEST CERTIFIED COPY OF BIRTH CERTIFICATE
PLEASE PRINT

FULL NAME OF
PERSON ON RECORD _____
First Middle Last

DATE OF BIRTH _____

PLACE OF BIRTH _____

FULL NAME
OF FATHER _____
First Middle Last

FULL NAME
OF MOTHER _____
First Middle Maiden Name

APPLICANT'S NAME _____

MAILING ADDRESS _____

RELATIONSHIP TO PERSON
WHOSE CERTIFICATE IS REQUESTED _____

SIGNATURE OF APPLICANT DAYTIME PHONE

If parents were not married at the time of birth or if father's name is not listed on birth certificate, the record may be restricted; therefore only the individuals named on the record may obtain it and a photocopy of your picture ID, such as your driver's license must be included with this request. If you have any questions please call the office.

The cost is \$10.00 per certificate. Please submit check or money order made payable to "City of Marlborough"