



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

**Steven W. Kerrigan
City Clerk**

**REQUEST FORM FOR
A BIRTH CERTIFICATE**

YOUR REQUEST SHOULD INCLUDE:

1. The completed request form.
2. Payment of \$10.00 per Certified copy – Check or Money Order (payable to the City of Marlborough).
3. A copy of your Identification (Driver's License, State ID, Passport). If the parents were **NOT** married at the time of the child's birth, the record is restricted and **REQUIRES** identification, **ONLY** the individual, a parent listed on the record, or a legal guardian (with a copy of a court order) may obtain the record.

Number of
Copies Ordered:

Full Name of Person on the Record

First Middle Last

Date of Birth _____

Full Name of Father/Parent 1 (Including Maiden if applicable)

First Middle Last Maiden (If Applicable)

Full Name of Mother/Parent 2 (Including Maiden if applicable)

First Middle Last Maiden (If Applicable)

Relationship of Requestor to Person Named on Record _____

Requestor's Name _____

Mailing Address _____

City State Zip Code

Daytime Phone _____

Signature of Requestor

Date