City of Boston Registry Division

REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

WHAT TO INCLUDE WITH YOUR REQUEST: 1. Request: Completed Request Form including original ink signature.					
2. Payment:	Certificates cost \$14.00 per copy when ordered through the mail. Requests for records prior to 1870 require an additional \$10 research fee on a separate check, and this fee is not refundable. Payment may be made in check or money order payable to "City of Boston."				
3. ID:	A photocopy of your Identification (Driver's License, State ID, Passport).				
4. Return:	Please include a s	self-addressed stamped en	velope.		
	Registry One City Boston, I	and return/mail to: Division - Birth Hall Square, Room 213 MA 02201			
		s and Special Circumstar	nces		
•	ies requested: erson on the record o				
ruii name oi pe	erson on the record o	i Dirui.			
First Date of Birth:		Middle	Last	Last	
Date of Bil	Month	Day	Year		
Name of H	lospital or location of	birth:			
Any additional	notes including any o	ther spellings of the name:			
			•		
Parent 1 - Full	Name including Maid	en Name			
First	Middle	 Last		/ Maiden Name if applicable	
				імаіцен ічатте ії арріісавіе	
Parent 2 - Full	Name including Maid	en Name			
First	 Middle	 Last		/ Maiden Name if applicable	
Person Reques	sting the Certificate: _				
Relationship of	requester to subject((s) named on record:			
Return Mailing	Address:				
Signature of Re	equester:				
Daytime teleph	one number		Email:		
		*7	TAKE NOTE		
		d at the time of the child's l dentification is required to		s restricted. ONLY those listed on the birth	
		are just requesting your "T st. Please note that not all		need to enclose a \$10 research request fee	
If we do not ha	ave the record we wil	I call and/or return the che	ck in the self-addresse	ed stamped envelope that you have included with	