

Birth Certificate Request Form

CITY USE ONLY: REG. NO. _____

Please print out this form and return to:

Everett City Clerk
City Hall, Room 10
484 Broadway
Everett, MA 02149

Requests submitted through the mail, will be processed on the date they are received.

Full name of person on the record of birth

First Middle Last

Date of Birth

Month Day Year

Full Maiden Name of the Mother

First Middle Last

Full Name of the Father

First Middle Last

Signature of Requester _____

Daytime telephone number _____
Area code number

Requester's Name & Return Mailing Address:

- * Payment may be made in a money order or certified bank check. **Do not send cash.**
- * Certified copies cost **\$10.00**; please enclose a self addressed stamped envelope for each transaction through the mail.
- * Make money order or check payable to "**City of Everett**"
- * **NOTE:** Some records are restricted or impounded and access maybe denied. Please enclose a copy of your driver's license.