



BIRTH CERTIFICATE REQUEST FORM

I would like to request # _____ certified copies of the birth certificate for:

_____.

(name on record)

Date of Birth _____

Mother's Maiden Name _____

Enclosed is a check made payable to the Town of Rochester in the amount of
\$ _____. (Fee is \$5.00 per certified copy)

My Full Name _____

My Signature _____

For questions I may be contacted at: _____

Telephone # _____

Please send this request and payment, together with a Self-Addressed, Stamped Envelope, to the following address: (We cannot process without self-addressed, stamped envelope)

Town Clerk's Office
1 Constitution Way
Rochester, MA 02770