

REQUEST FOR COPY OF BIRTH CERTIFICATE

1. PLEASE PRINT ALL INFORMATION
2. DO NOT MAIL CASH
3. THE FEE FOR A CERTIFIED COPY IS \$10.00 MADE PAYABLE TO THE TOWN OF DIGHTON
4. MAIL REQUEST WITH PAYMENT AND A SELF ADDRESSED STAMPED ENVELOPE TO:
TOWN CLERK'S OFFICE, 979 SOMERSET AVENUE, DIGHTON, MA 02715
5. ANY QUESTIONS PLEASE CONTACT US AT (508) 669-5411
6. REQUESTS MUST INCLUDE A VALID ID

BIRTH CERTIFICATE OF:

FULL NAME AT BIRTH: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(MONTH/DAY/YEAR) (TOWN/CITY)

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST

PERSON MAKING THIS REQUEST:

NAME: _____

FIRST MIDDLE LAST

ADDRESS:

NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

Email _____ Phone # _____

NUMBER OF COPIES WANTED: _____ AMOUNT ENCLOSED: \$ _____