

**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 OE:**

FULL NAME AT BIRTH: \_\_\_\_\_

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

FATHER'S FULL NAME: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

**PERSON MAKING THIS REQUEST:**

NAME:

**FIRST** **MIDDLE** **LAST**

ADDRESS:

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

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