

TOWN CLERK'S OFFICE

Town of Milford

VITAL RECORDS BIRTH REQUEST FORM BY MAIL

To order one or more certified copies of a birth record, please complete this form and return it with a self-addressed, stamped envelope and \$10.00 cash or check made payable to the "Town of Milford".

Mail your request to:
Milford Town Clerk
52 Main St., Room 12
Milford, MA 01757

FULL NAME AT BIRTH: _____

DATE OF BIRTH: month: _____ day: _____ year: _____

NAME OF MOTHER: _____

NAME OF FATHER: _____

NUMBER OF COPIES: _____ X \$10.00 = AMOUNT ENCLOSED: \$ _____

If the parents on the birth record were **NOT married at the time of birth, this makes the record restricted to anyone other than those named on the birth record. To receive a restricted record, please email a copy of your valid driver's license to townclerksoffice@townofmilford.com*

Please fill in your information as to where we should mail the birth certificates:

NAME OF REQUESTOR: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

Should we need to contact you regarding this request please complete the following:

TELEPHONE #: _____

EMAIL ADDRESS: _____