

BIRTH CERTIFICATE REQUEST FORM

Please print out this form and return to:

Plainville Town Clerk
P.O. Box 1717
Plainville MA 02762

Request 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 Mother:		

First	Middle	Last
Full Name of Father:		

First	Middle	Last
Signature of Requester		

Daytime telephone number

Area Code	Number
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Fee is \$10.00 per copy.

Make check payable to Town of Plainville.

Include a self-addressed envelope.