

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

Fee is \$10.00 per copy.

Make check payable to Town of Plainville.

Include a self-addressed envelope.