

Birth Certificate Request

Please print out this form and return to:

Town of Adams – Town Clerk
8 Park Street
Adams, MA 01220

Requests 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 the Father:

First

Middle

Last

Signature of Requestor:

Daytime Telephone Number:

Area Code

Number

Return Mailing Address:

- Payment may be made in cash, money order, certified bank check or personal check.
- Certified copies cost **\$10.00** each; please enclose a self-addressed stamped envelope.
- Make money order or checks payable to **“Town of Adams”**.
- **NOTE:** Please enclose a copy of your driver’s license.