

TOWN OF ACTON

APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD

\$15 for first copy, \$6 for each additional copy of the same record at the same time.

Make check payable to "Town of Acton"

Please fill in the following information for location and record identification.

****PLEASE PRINT****

Full Name on Birth Record: _____

Date of Birth: _____ Number of Copies: _____

Father's Full Name: _____

Mother's Full Name: _____

Applicant's Name: _____

Applicant's Address: _____

Indicate your Relationship to the person on requested record:

- Self
- Spouse/Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____
- Other: _____

By signing below; I swear/affirm the information above is true and correct.

Applicant Signature: _____ Date: _____

Below line clerk use only:

Proof of identity of applicant:

- Driver's License

Applicant must provide one of these:

- Government issued picture ID
- Passport

OR two of these:

- Income Tax Return
- Vehicle Registration
- Bank Statement
- Letter from government agency requesting record (DHHS, WIC)
- Department of Correction ID
- Social Security card
- DD214
- Hospital; birth worksheet
- License/rental agreement
- Pay Stub
- W-2
- Personal Check w/ address
- Previously Issued vital Record
- Other _____

Establishing eligibility to acquire record:

- Related applicant must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state issued card

Do not retain copies of proof provide or note any specific numbers

Issuing Clerk's Initials: _____

Safety Paper Numbers: _____