



The City of Cambridge
Office of the City Clerk

795 Massachusetts Avenue
Cambridge, MA 02139
617-349-4260

Mon. 8:30 am to 8:00 pm
Tues., Wed. & Thur.
8:30 am to 5:00 pm
Fri. 8:30 to Noon

NUMBER OF
CERTIFIED COPIES

MAIL IN REQUEST FORM FOR BIRTHS OCCURRING IN CAMBRIDGE OR RESIDENTS OF CAMBRIDGE AT THE TIME OF BIRTH

YOUR REQUEST SHOULD INCLUDE:

1. The completed request form
2. Payment of \$10.00 per certified copy - check or money order payable to the City of Cambridge
3. A self-addressed, stamped envelope
4. If the parents were unmarried at the time of the child's birth, the record is restricted and **requires a photocopy of a valid ID** (such as a driver's license) from the individual, a parent listed on the record, or a legal guardian (with a copy of a court order)

Please allow one week for mail requests to be filled

PLEASE TYPE OR PRINT

FULL NAME OF
PERSON ON RECORD

First

Middle

Last

DATE OF BIRTH

RELATIONSHIP TO PERSON
WHOSE CERTIFICATE IS
REQUESTED

FULL NAME OF
FATHER / PARENT 1

First

Middle

Last

FULL MAIDEN NAME OF
MOTHER / PARENT 2

First

Middle

Last

APPLICANT'S NAME

First

Middle

Last

MAILING ADDRESS

Street

City

State (Abbr.)

ZIP code

DAYTIME PHONE

E-MAIL

Signature of Applicant

Date