CITY OF CHELSEA, MA
Office *of the* City Clerk

City Hall, 500 Broadway, Room 209 · Chelsea, MA 02150
Phone: 617.466.4050 · Fax: 617.466.4059 · Website: www.chelseama.gov

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BIRTH CERTIFICATE REQUEST

Please submit a completed form, along with a check or money order (made payable to the City of Chelsea), and a self-addressed stamped envelope to Office of the City Clerk, City Hall, 500 Broadway, Rm. 209, Chelsea, MA 02150. Please note, you may also request vital records online at www.chelseama.gov.

REQUESTOR'S NAME: _____

REQUESTOR'S EMAIL: _____

REQUESTOR'S PHONE #: _____

MAILING ADDRESS FOR RECORD REQUEST:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INFORMATION OF CERTIFICATE:

NAME AT BIRTH: _____

DATE OF BIRTH: _____

CITY/TOWN OF BIRTH: _____

FATHER/PARENT NAME: _____

MOTHER/PARENT NAME: _____

OF COPIES ($10 PER COPY): _____

_____
SIGNATURE

_____
DATE

NOTE: If the birth certificate is restricted, access to the record is given to the Child, Parents, Parent not listed on the record (requires documentation supporting paternity), Legal Representative (requires documentation supporting representation), and/or Legal Guardians (requires documentation supporting guardianship).