

Town of Norwood



Birth Certificate Request

Name at Birth: _____

Date of Birth: _____

Place of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

Daytime Telephone #: _____

\$10 per Certified Copy

Number of Certified Copies Requested: _____

Amount Enclosed: _____

Bank Check, Money Order (made payable to The Town of Norwood) or Cash – NO PERSONAL CHECKS ACCEPTED.

Please include a stamped self-addressed envelope and mail to:

Town Clerk's Office
PO Box 40
566 Washington Street
Norwood, MA 02062