



Town of Paxton, Office of the Town Clerk
697 Pleasant Street Paxton, MA 01612
Phone: (508) 799-7347 Ext.1013

REQUEST FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE

PLEASE TYPE OR PRINT

Today's Date: _____

Number of Copies Requested: _____

Full Name of Person on Record: _____

Date of Birth: (Month/Day/Year): _____

Full Maiden Name of Mother on Record: _____

Full Name of Father on Record: _____

Place of Birth (Town/City): _____

Name and Address of person requesting certificate: _____

Relationship to Person on Record: _____

Phone Number: _____ (In the event you would need to be contacted for additional information.)

Signature of Requester: _____

Please mail this completed form to the address listed above.

Please include the following:

- A check made payable to the Town of Paxton for the correct amount
(The fee is \$5.00 per certified copy requested.)
- A stamped, self-addressed envelope

If you have any questions, please contact the Town Clerk's office by phone at the at number listed above or by email at lbecker@townofpaxton.net.

PLEASE NOTE: Certain records may require proof of identity. Requests are typically processed upon receipt, but a response may take up to 10 days.