



TOWN OF FAIRHAVEN

TOWN CLERK'S OFFICE

TOWN HALL · 40 CENTER STREET · FAIRHAVEN, MA 02719

ELISABETH E. HORAN
TOWN CLERK

REQUEST FOR CERTIFIED COPY OF BIRTH RECORD

Instructions:

- Complete this form to request a certified copy of a birth record.
- Enclose a **check or money order** payable to **Town of Fairhaven (\$10.00 per certified copy)**.
- Enclose a **self-addressed, stamped envelope**.
- Mail your request to:

Town Clerk's Office, Town of Fairhaven, 40 Center Street, Fairhaven, MA 02719

- Please email clerk@fairhaven-ma.gov or call (508) 979-4023 x3 with questions.

REQUEST INFORMATION

Number of Copies Requested @ \$10.00 each: _____

Full Name at Birth: _____

Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Requestor's Name: _____

Daytime Telephone Number: _____

Email Address: _____

Requestor's Signature: _____
(Required for mail-in requests)

Special Note – Restricted Records

Some birth records are restricted by Massachusetts law. Restricted records may only be released to individuals legally entitled to receive them.

If the record is restricted and **your name appears on the record**, please include a **photocopy of a valid, government-issued photo identification** with your request.