

REQUEST FORM FOR BIRTH CERTIFICATES FOR RESIDENTS OF RUTLAND AT TIME OF BIRTH



**TOWN CLERK'S OFFICE
TOWN OF RUTLAND
250 MAIN STREET
RUTLAND, MA 01543
508-886-4104**

PLEASE TYPE OR PRINT

FULL NAME OF PERSON ON RECORD	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	<input type="text"/>		
PLACE OF BIRTH	<input type="text"/>		
FULL NAME OF FATHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST NAME	MIDDLE NAME	LAST NAME
FULL MAIDEN NAME OF MOTHER	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST NAME	MIDDLE NAME	LAST NAME
APPLICANT'S NAME	<input type="text"/>		
MAILING ADDRESS	<input type="text"/>		
RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED	<input type="text"/>		

SIGNATURE OF APPLICANT

TELEPHONE NUMBER

FEE FOR BIRTH CERTIFICATES

- * The fee for a certified copy is \$5.00 each
- * Make check or money order payable to "Town of Rutland"
- * Enclose a self-addressed stamped envelope
- * Questions may be e-mailed to: records@townofrutland.org

