



CITY CLERK'S OFFICE

City of Gardner

978-630-4058

MAIL ORDER APPLICATION FOR BIRTH RECORD

To order one or more certified copies of a vital record, please complete this form and return the following items with your request:

- Self-addressed stamped envelope
- Check or money order made payable to the "City of Gardner" in the amount of \$10 for each certified copy
- Copy of Photo Identification required for children born out of wedlock (See Chapter 46, §2A below) **OR** two (2) non-picture ID's

MAIL RECORD TO:

City of Gardner
City Clerk's Office Room 121
95 Pleasant Street
Gardner, MA 01440

NAME of INDIVIDUAL at BIRTH : _____

DATE of BIRTH: _____

CITY or TOWN of BIRTH: _____

NAME of MOTHER (include maiden name if known): _____

NAME of FATHER: _____

Number of Copies: _____ Amount Enclosed: \$ _____

Mail record to: _____

Address: _____

Your Signature: _____

Date of Request _____

Phone Number: _____

Email Address: _____

NOTE: MASSACHUSETTS GENERAL LAW, CHAPTER 46, § 2A. Examination of records and returns of children born out of wedlock or abnormal sex births, or fetal deaths, or of the notices of intention of marriage and marriage records in cases where a physician's certificate has been filed under the provisions of section twenty A of chapter two hundred and seven, or those of persons born out of wedlock, or of copies of such records in the department of public health, shall not be permitted except upon proper judicial order, or upon request of a person seeking his own birth or marriage record, or his attorney, parent, guardian, or conservator, or a person whose official duties, in the opinion of the town clerk or the commissioner of public health, as the case may be, entitle him to the information contained therein, nor shall certified copies thereof be furnished except upon such order, or the request of such person. The provisions of this section shall not apply to such records, returns or notices recorded or filed prior to January first, eighteen hundred and forty-one or to such copies thereof.

FOR OFFICE USE ONLY

Date Received: _____

Date Mailed: _____