

# CITY OF SALEM



## Request Form for Birth Certificates

**City Clerk's Office  
93 Washington St.  
Salem, MA 01970**

FEE: All certified copies are \$10.00

Name at Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_

Please send the following with your request:

- \* A check or money order payable to the City of Salem for exact amount (\$10.00 per copy)
- \* Include a self-addressed stamped envelope
- \* Copy of photo Identification of parent required for children born out of wedlock (per MGL Chapter 46 S2A)