

TO: Registry of Vital Records
150 Mt. Vernon Street, 1st Floor
Dorchester, MA 02125

DATE: _____

RE: Request for a no-cost verification of birth

The person named below is requesting a **no-cost verification of birth** for the purpose of applying for MassHealth.

PLEASE PRINT:

(Full name)

(Date of birth)

(City or town of birth)

(Father's name)

(Mother's name, including maiden name)

Please return the verification of birth to this address:

Check here if the birth verification is going to someone other than the applicant.

*By signing, I am giving the Massachusetts Registry of Vital Records and Statistics **permission to share** this verification of birth with the above named person or organization for the purpose of MassHealth application.*

SIGNED: _____

(Signature of applicant)