Town of Ludlow Office of the Town Clerk

Kim M. Batista, Town Clerk 488 Chapin Street, Ludlow, MA 01056



P: (413) 583-5600 Ext. 1

F: (413) 583-5603

TTY

BIRTH CERTIFICATE REQUEST FORM

Certified copies are \$10.00/certified copy. Please mail a check payable to the **Town of Ludlow**, along with a **self-addressed stamped envelope** to the address below:

Town Clerk's Office 488 Chapin St. Ludlow, MA 01056

Number of certified copies requested:		
Before mailing in your request, to be certain we have this record		Clerk's office at (413) 583-5600 Ext 1
NOTE: Some records are restricted delays, please enclose a copy of	-	ccess may be denied. To prevent any th your request.
Full name of person on the birth	record:	
First Name	Middle Name	Last name (at birth or adoption)
Date of Birth:		
Signature of Requestor		
Daytime Telephone Number		
E-Mail if available (please prin	t)	
Address:		
Street	City/State	Zip