



**TOWN CLERK  
TOWN OF IPSWICH  
25 GREEN STREET  
IPSWICH, MA 01938  
(978) 356-6600 ext.1016**

## **REQUEST FOR BIRTH CERTIFICATE**

**Name of Child:**

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**Place of birth:**

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**Date of birth:**

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**Name of Parent:**

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**Name of Parent:**

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**Number of copies requested:**

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**Your name:**

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**Your mailing address:**

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**Telephone Number:**

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*Please enclose a check or money order in the amount of \$10.00 per copy made payable to the Town of Ipswich.*

**Mail your request to: Town Clerk's Office  
25 Green Street  
Ipswich, MA 01938**

### **PLEASE NOTE:**

**If the parents of the child were not married at the time of the child's birth you must include a copy of photo identification (driver's license or some other government issued ID card) of someone on the Birth Certificate (parent or child).**