

**Application for Certified Copy of a Birth Certificate**

**Where did the birth occur?**

Newton-Wellesley Hospital

Outside of Newton, MA

**Name on Record:**

**Date of Birth:**

**Fee: \$10.00 per certified, long-form copy**

**Number of copies requesting:**

**Enclose a check or money order for the exact amount, payable to the  
“City of Newton”**

**Mail to:**

**City Clerk, Newton City Hall  
1000 Commonwealth Avenue  
Newton, MA 02459**

**Please allow ten (10) to fourteen (14) days for request.**

Name and address where you would like the copies mailed to:

Name:

Address:

City:

State:

Zip: