

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS  
150 MT. VERNON STREET, 1st Floor  
DORCHESTER, MA 02125-3105**

RVRS USE ONLY	
Rec'd _____	
# _____	
Cert # _____	
Completed _____	
Initials _____	

**APPLICATION FOR A NON-CERTIFIED RECORD OF BIRTH PRIOR TO ADOPTION**  
(Please print legibly.)

Please fill out and return this form to the address above. If you are requesting a record by mail, make your check or money order payable to the Commonwealth of Massachusetts and include \$32.00 for each copy requested. DO NOT SEND CASH THROUGH THE MAIL. Records requested in-person at the Registry counter are \$20.00 per copy. Checks, money orders, and cash are accepted at the counter. Credit/debit cards are not accepted. See additional instructions on the reverse of this form.

**SUBJECT OF THE RECORD (ADOPTEE)**

<b>Full Name on Current Birth Record (name at adoption)</b> (First, Middle, Last)	<b>Number of Copies:</b>
<b>Full Name of Adoptive Mother/Parent</b> (First, Middle, Last)	<b>Date of Birth*</b> (Month, Day, Year)
<b>Full Name of Adoptive Father/Parent</b> (First, Middle, Last)	<b>Maiden surname of Adoptive Mother</b>
Name on Pre-Adoption Birth Record (name at birth), if known	<b>City/Town of Birth</b>

**PERSON MAKING REQUEST**

<b>Full Legal Name (Current Name)</b> (First, Middle, Last)	<b>Relationship to Adoptee</b> <input type="checkbox"/> Self <input type="checkbox"/> Adoptive parent <input type="checkbox"/> Adult child of deceased adoptee <input type="checkbox"/> Legal guardian of child (under 18 years) of a deceased adoptee
<b>Mailing Address</b> (Street/PO Box/Apt. #)  (City/Town, State, Zip)	Telephone number(s)

**AFFIDAVIT OF APPLICANT (If you are applying by mail, you must sign and date this section in the presence of a notary.)**

WARNING: Providing false information under this oath or affirmation is punishable by fine and imprisonment under M.G.L. c.268 §6.

I hereby swear or affirm under the penalties of perjury that the information on this application is true to the best of my knowledge and belief.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, the undersigned notary public, personally appeared \_\_\_\_\_ who proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on this document and who swore or affirmed to me that the contents of the document were truthful and accurate to the best of their knowledge and belief and that they signed this form voluntarily for its stated purpose.

Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**IDENTIFICATION AND SUPPLEMENTAL DOCUMENTATION (see additional information on the reverse of this form)**

**IDENTIFICATION** If you are applying in-person you will need to show **one** of the following identification documents. If you are applying by mail, you must enclose a clear, legible, photocopy of the identification document. Alternative identification documents require prior approval by RVRS.

Valid, non-expired, driver's license       Valid, non-expired, identification card issued by a department of motor vehicles       Valid, non-expired, passport

**DOCUMENTATION** If you are applying in-person and additional documentation is required (see reverse of form), you must provide an original certified copy for inspection. If you are applying by mail and additional documentation is required, you must send an original certified copy that will be returned to you with completion of your order.

<b>Proof of name change:</b> <input type="checkbox"/> Certified copy of a marriage certificate <input type="checkbox"/> Certified copy of a legal change of name decree <input type="checkbox"/> Other (specify): _____	<b>Proof of death:</b> <input type="checkbox"/> Certified copy of death certificate	<b>Proof of relationship:</b> <input type="checkbox"/> Certified copy of your birth certificate <input type="checkbox"/> <b>Certified copy of legal guardianship</b>
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\*Records on file at the Registry of Vital Records and Statistics date back to 1926. Earlier records are housed at the State Archives.

## APPLICATION FOR RECORD OF BIRTH PRIOR TO ADOPTION

### Application Instructions

#### Who May Apply?

Beginning December 5, 2007, certain individuals specified by state law may apply for a copy of an initial birth record established prior to an adoption (without first obtaining a judicial court order):

- Adoptees who were born in Massachusetts on or before July 14, 1974.
- An adult child (18 years or older) of a deceased parent who was an adoptee born in Massachusetts on or before July 14, 1974.
- The parent or guardian of a child (under 18 years of age) whose deceased parent was an adoptee born in Massachusetts on or before July 14, 1974.

Beginning January 1, 2008, the following additional individuals specified by state law may also apply:

- The adoptive parent of a child (under 18 years of age) born in Massachusetts on or after January 1, 2008.

Beginning January 1, 2026, the following additional individuals specified by state law may also apply:

- An adult adoptee (18 years or older) who was born in Massachusetts on or after January 1, 2008.

#### Submit your application by mail or in person

If you are applying by mail, you must include copies of all identification and documentation listed below, and your signature must be notarized. The fee for applying by mail is \$32.00. Please do not send cash by mail. Checks and money orders should be made payable to the "Commonwealth of Massachusetts." Credit and debit cards are not accepted. RVRs will also accept applications by walk-in customers. If you are applying in person, your application will be reviewed for completeness, your identification and documentation will be checked, payment will be taken, and the application will be processed in the order it was received. The fee for applying in person is \$20.00.

#### What you will receive if, after processing of your application, RVRs locates your birth record prior to adoption

You will receive a copy of the birth record that was registered with RVRs prior to adoption that lists among other items, the legal parent or parents listed on the record at the time of birth. In a very few cases, there may have been an amendment prior to the adoption, for which you will receive the initial record and any relevant amendments (e.g., paternity establishment).

The copy will be made on security paper to deter potential fraudulent use, and will contain, the following statement mandated by state law: "The contents of this birth record are being released under section 2B of chapter 46 of the Massachusetts General Laws or under a court order. This record was amended by adoption. This is not a certified copy of a birth record."

#### Refunds

If the application can not be processed for any reason, it will be returned to you with a refund.

If you do not sign for the record that is sent to you by certified mail, and the record is returned to RVRs, you will NOT be issued a refund, as the cost has already been incurred.

#### Identification Requirements

##### 1. *If you are applying for your OWN record:*

A current government-issued photo ID. (For applications by mail, attach a photocopy of the ID):

- Current, not expired, driver's license, or
- Current, not expired, other ID issued by your state's department of motor vehicles, or
- Current, not expired, passport
- If you cannot provide one of the identification items listed above, please call RVRs to be certain the ID you plan to provide is adequate.

Documentation of a change of name. If the name on your ID is different from your name at the time of your adoption, you must provide documentation that will prove you are the person listed on the birth record. (For applications by mail, attach an original certified copy of the requested documentation. Your original documents will be returned to you with the completed order). For example:

- If your ID shows a *married name*, provide a certified copy of your marriage certificate that shows your name as it appears on your current (adoptive) birth certificate and your name after marriage as it appears on your ID.
- If your ID reflects a *legal change of name*, provide a certified copy of your legal change of name decree that shows your name as it appears on your current (adoptive) birth certificate and your legal name as decreed by a court and as appears on your ID.

##### 2. *If you are applying for YOUR PARENT'S record:*

You must provide the identification listed above in numbered section 1, AND also show or provide:

- A certified copy of your parent's death record. If you are applying by mail, attach an original certified copy of your parent's death record.
- A certified copy of your birth record that shows you are the decedent's child. If you are applying by mail, attach an original certified copy of your parent's death record.
- Documentation of any change of name not reflected on the death certificate. If your parent's death certificate does not contain in some format a reference to his or her name at the time of adoption (e.g. maiden name, or name at birth or adoption), then you will need to provide evidence of the change of name as described above in numbered section 1.

##### 3. *If you are applying for YOUR ADOPTED CHILD'S record (beginning January 1, 2008):*

- You must provide the identification listed above in numbered section 1.

#### For all requests submitted by mail, notarization is required:

For requests by mail only, sign and date your application in the presence of a notary who will certify that your signature is authentic.

#### Questions

Contact the Registry of Vital Records and Statistics at (617) 740-2600 or by email at [vital.recordsrequest@state.ma.us](mailto:vital.recordsrequest@state.ma.us).