Please note. This document has been formatted for use with screen readers.

**Masshealth**

**Health Connector**

Help Getting Proof of U.S. Citizenship for Persons Born in Massachusetts

For applicants or members born in Massachusetts who want help getting proof of their U.S. citizenship, please fill out, sign, and date this form.

Send your filled out form to:

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780

Fax: (857) 323-8300

For applicants or members born outside Massachusetts who want help getting proof of their U.S. citizenship, MassHealth may be able to help you. Please call MassHealth Customer Service at (800) 841-2900, TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

Fill out one section below for EACH applicant or member who is applying for or getting benefits, was born in Massachusetts, and wants help getting proof of his or her U.S. citizenship through the Massachusetts Registry of Vital Records and Statistics.

Note: When filling out the sections below, be sure to print clearly and make sure each applicant’s or member’s name is entered exactly as it would appear on his or her birth certificate.

**Applicant’s/Member’s** current last name
First
MI
Suffix (ex.,“Jr.”)
**Applicant’s/Member’s** last name at time of birth (if different)
First
MI
Suffix (ex., “Jr.”)
Date of birth
Gender at time of birth (if different)
Massachusetts hospital name
Massachusetts city of birth
Mother’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Mother’s maiden name
Father’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Suffix (ex., “Jr.”)

**Applicant’s/Member’s** current last name
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MI
Suffix (ex.,“Jr.”)
**Applicant’s/Member’s** last name at time of birth (if different)
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Date of birth
Gender at time of birth (if different)
Massachusetts hospital name
Massachusetts city of birth
Mother’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Mother’s maiden name
Father’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Suffix (ex., “Jr.”)

Signature of person filling out form
Printed name of person filling out form
Date
Social security number
Street address, city/town, state, zip code

(For additional applicants more entries below)

**Applicant’s/Member’s** current last name
First
MI
Suffix (ex.,“Jr.”)
**Applicant’s/Member’s** last name at time of birth (if different)
First
MI
Suffix (ex., “Jr.”)
Date of birth
Gender at time of birth (if different)
Massachusetts hospital name
Massachusetts city of birth
Mother’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Mother’s maiden name
Father’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Suffix (ex., “Jr.”)

**Applicant’s/Member’s** current last name
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First
MI
Mother’s maiden name
Father’s/Co-parent’s last name (at time of applicant’s/member’s birth)
First
MI
Suffix (ex., “Jr.”)

Signature of person filling out form
Printed name of person filling out form
Date
Social security number
Street address, city/town, state, zip code

Form code MVRS (Rev 01/19)

End of the MVRS application.