

# 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 <i>(if different)</i>	First	MI	Suffix (ex., "Jr.")
Date of birth	Gender at time of birth <i>(if different)</i>		
Massachusetts hospital name	Massachusetts city of birth		
Mother's/Co-parent's last name <i>(at time of applicant's/member's birth)</i>	First	MI	Mother's maiden name
Father's/Co-parent's last name <i>(at time of applicant's/member's birth)</i>	First	MI	Suffix (ex., "Jr.")
Applicant's/Member's current last name	First	MI	Suffix (ex., "Jr.")
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Father's/Co-parent's last name <i>(at time of applicant's/member's birth)</i>	First	MI	Suffix (ex., "Jr.")

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 Signature of person filling out form

.....  
 Printed name of person filling out form

.....  
 Social security number

.....  
 Date

.....  
 Street address, city/town, state, zip code

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