Commonwealth of Massachusetts
Plymouth County Probate and Family Court

Request for Record Information

(ONE RECORD REQUEST PER PETITIONER)

COURT DOCKET NUMBER: _____ DATE REQUESTED: _____

PETITIONER'S NAME: _____

ADDRESS: _____

_____

_____ _____ _____
(CITY/TOWN) (STATE) (ZIP)

DATE OF BIRTH:
MONTH: DAY: YEAR:
_____ _____ _____

PLACE OF BIRTH:	SEX:	HEIGHT:	WEIGHT:	RACE:

FATHER'S NAME: _____

MOTHER'S NAME: _____

PETITIONER'S SOCIAL SECURITY NUMBER: _____

MAIDEN or PREVIOUS NAME or ALIAS: _____

REASON FOR INQUIRY REQUEST (Please check one) ☐ Guardianship ☐ Change of Name ☐ Adoption

_____ _____
DATE: (SIGNATURE)

- DO NOT WRITE BELOW THIS SPACE FOR OFFICE USE ONLY -

PCF# _____

Remarks: _____

☐ RECORD ☐ COMP. BY PHONE ☐ PHOTOCOPY ☐ SEALED ☐ NO RECORD ☐ NO ADDITIONAL RECORD

_____ _____
(Date Processed) (Authorized Signature)