

Commonwealth of Massachusetts  
Probate and Family Court Department

Request for Record Information

(Please note: Information required on this form is about the petitioner - not the child)

(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: _____
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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: _____
<input type="checkbox"/> RECORD <input type="checkbox"/> COMP.BY PHONE <input type="checkbox"/> PHOTOCOPY <input type="checkbox"/> SEALED <input type="checkbox"/> NO RECORD <input type="checkbox"/> NO ADDITIONAL RECORD
_____ (Date Processed)
_____ (Authorized Signature)