



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 and send it back to the one of the following addresses.

If you are applying for long-term-care health benefits in a long-term-care facility, send your filled-out form to the MassHealth Enrollment Center (MEC) that is closest to where you live.

MassHealth Enrollment Center
45-47 Spruce Street
Chelsea, MA 02150

MassHealth Enrollment Center
333 Bridge Street
Springfield, MA 01103

MassHealth Enrollment Center
21 Spring Street, Suite 4
Taunton, MA 02780

MassHealth Enrollment Center
367 East Street
Tewksbury, MA 01876

Otherwise, if you are applying for or are already getting health benefits, send your filled out form to:

MassHealth Enrollment Center
P.O. Box 1231
Taunton, MA 02780

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 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

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/Coparent's last name (at time of applicant's/member's birth)	First	MI	Mother's maiden name
Father's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Suffix (ex., "Jr.")

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Father's/Coparent's last name (at time of applicant's/member's birth)	First	MI	Suffix (ex., "Jr.")

X

Signature of person filling out form

Date

X

Printed name of person filling out form

Social security number

Street address, city/town, state, zip code

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.")
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X _____
Signature of person filling out form

Date

X _____
Printed name of person filling out form

Social security number

Street address, city/town, state, zip code