

TOWN CLERK'S OFFICE

Town of Williamsburg

VITAL RECORDS REQUEST FORM BY MAIL

To order one or more certified copies of a vital record where all of the information listed below is known, please complete this form and return it, together with a self-addressed, stamped envelope and a check made payable to the "Town of Williamsburg" in the amount of **\$5.00** for each certified copy requested. Mail your request to:

Town Clerk
P.O. Box 447
Haydenville, MA 01039

BIRTH RECORD

NAME: _____

DATE of BIRTH: _____

NAME of MOTHER: _____

NAME of FATHER: _____

Number of Copies: _____ Amount Enclosed: \$ _____

MARRIAGE RECORD

NAME of 1st PARTY: _____

NAME of 2nd PARTY: _____

DATE of MARRIAGE: _____

Number of Copies: _____ Amount Enclosed: \$ _____

DEATH RECORD

NAME: _____

DATE of DEATH: _____

PLACE of DEATH: _____

Number of Copies: _____ Amount Enclosed: \$ _____

SHOULD WE NEED TO CONTACT YOU REGARDING THIS REQUEST

PLEASE COMPLETE THE FOLLOWING:

Name of Requestor: _____

Mailing Address: _____

Telephone Number: _____ Total Enclosed: \$ _____

FOR OFFICE USE ONLY

Date Received: _____ Correct Fee: (Yes) _____ (No) _____

Person Contacted: _____ Result: _____

Date Mailed: _____ Date Picked Up: _____