

Vital Record Request Form
REQUEST INFORMATION

Full Name: _____

Mailing Address: _____

City / State / ZIP: _____

Phone Number: _____

TYPE OF RECORD REQUESTED (check one)

☐ Birth Certificate

☐ Marriage Certificate

☐ Death Certificate

RECORD INFORMATION

Full Name on Record: _____

Date of Event (or approximate year): _____

Place of Event (City/Town): _____

Parents' Names (Birth Record, if known): _____

NUMBER OF CERTIFIED COPIES REQUESTED: _____

FEE \$10.00 per copy (payable to Town of Clarksburg).

☐ Cash (in person) ☐ Check

Return by mail _____ pick up _____

SIGNATURE _____ **DATE** _____

I certify that I am entitled to receive this vital record under Massachusetts General Laws and that the information provided is true and correct.