



# Town of Ashby

Town Clerk  
895 Main St.  
Ashby, MA 01431  
978-386-2424  
tclerk@ashbyma.gov

## REQUEST FOR VITAL RECORD

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 Ashby" in the amount of \$10 for each certified copy requested. If the record is restricted (*parents were not married at time of birth, father not named*), please send a photocopy of your driver's license, since only those named on the certificate have a right to said document.

### BIRTH RECORD

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

NUMBER OF COPIES: \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

### MARRIAGE RECORD

NAME OF 1<sup>ST</sup> PARTY: \_\_\_\_\_

NAME OF 2<sup>ND</sup> 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 \$ \_\_\_\_\_