

**TOWN CLERK'S OFFICE**  
**Town of West Boylston**  
**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 West Boylston" in the amount of \$10 for each certified copy requested.

Mail your request to:

Town Clerk's Office / Vital Records 127 Hartwell Street, Suite 100 West Boylston, MA 01583
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**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: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_  
Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Correct Fee: (Yes) \_\_\_ (No) \_\_\_  
Person Contacted: \_\_\_\_\_ Result: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_ Date Picked Up: \_\_\_\_\_