



TOWN OF RICHMOND
TOWN CLERK'S OFFICE
1529 STATE ROAD
RICHMOND, MA 01254
APPLICATION FOR A VITAL RECORD

Please fill out and return this form with a self addressed, stamped envelope and a personal check or money order for \$10.00 for each record to the address above. Make checks payable to the Town of Richmond.

Submit a separate application for each type of record desired...

Type of record requested:

BIRTH MARRIAGE DEATH

Number of copies: _____

Name of Subject(s): *(as they appear on record)* First Middle Last

And: *(for marriage records only)* First Middle Last

Date of event: *Month day year* _____

Name of father: *First Middle Last* _____

Name of mother: *First Middle Last* _____

Spouse's name: *(for death records only)* First Middle Last

Other pertinent information:

Relationship of requester to subject(s) named on record: _____

Your Signature: _____ DATE: _____

Address where record should be mailed: _____

Copy of Photo ID if Restricted Record

(see vitals page)