

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

150 Mount Vernon Street, 1st Floor

Dorchester, MA 02125-3105

617-740-2600

APPLICATION FOR VITAL RECORD

(Please print legibly.)

Please fill out and return this form to the address above, along with a stamped, self-addressed, business-letter-sized envelope, proof of identification for the person making the request and a check or money order for **\$32.00** for each record. Make checks payable to the Commonwealth of Massachusetts. **DO NOT SEND CASH THROUGH THE MAIL.** If the date of event is unknown provide us with a ten-year period that you would like us to search. Please enclose a photocopy of a government issued ID with your order.

BIRTH RECORD Number of copies: _____

Name of Subject: _____ (first) (middle) (last)	
Date of Birth: _____	City or Town of Birth: _____
Mother's Name: _____ (first) (middle) (maiden) (last)	
Father's Name: _____ (first) (middle) (last)	

MARRIAGE RECORD Number of copies: _____

PARTY A: _____ (first) (middle) (last/maiden)	
PARTY B: _____ (first) (middle) (last/maiden)	
Date of Marriage: _____	City or Town of Marriage: _____

DEATH RECORD Number of copies: _____

Name of Deceased: _____ (first) (middle) (last) (maiden, if applicable)	
Spouse's Name: _____ (first) (middle) (last) (maiden, if applicable)	
Social Security Number (if known): _____	
Date of Death: _____	City or Town of Death: _____
Father's Name: _____ (first) (middle) (last)	
Mother's Name: _____ (first) (middle) (maiden) (last)	

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

Mail record to:
Address:
City/State/ZIP Code:
Your signature:
Date of request: _____ month/day/year

PLEASE NOTE: The earliest records available from this office are for calendar year 1926.