

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS
 150 MT. VERNON STREET, 1st Floor
 DORCHESTER, MA 02125-3105**

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 and a check or money order for \$28.00 for each record. Make checks payable to the Commonwealth of Massachusetts. Do not submit more than 5 requests per letter. 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.

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)
PARTY B: _____		
(first)	(middle)	(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 1921.