

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 140 Worcester Street 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 1st PARTY: _____
NAME of 2nd 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: _____