

VITAL RECORDS REQUEST FORM

Printout and mail or bring to Town Clerk's Office

Please send in a self-addressed, stamped envelope with your vital records request form and the required \$10.00 fee payable to the Town of Merrimac

Please print information

BIRTH

Name on Record _____ Number of Copies _____

Date of Birth: _____

Requested By: _____ Relationship _____

Signature _____ Phone Number: _____

Will pick Up _____ Mail to: _____

Marriage

Name of Party A: _____ Number of Copies _____

Name of Party B: _____

Date of Marriage _____ Phone Number: _____

Requested By: _____

Will pick up: _____ Mail to: _____

Death

Name of Deceased: _____ Number of Copies _____

Date of Death: _____ Phone Number: _____

Requested By: _____

Will pick up _____ Mail to: _____