



Town of Acton Massachusetts

Vital Record Request Form

CERTIFIED COPIES ARE \$10.00 EACH. CHECK MUST BE MADE PAYABLE TO TOWN OF ACTON

Birth Number of copies requested: _____

Name on record: _____

Date of Birth: _____ Place of Birth: _____

Marriage Number of copies requested: _____

Names on record: _____

Date of Marriage: _____ Place of Marriage: _____

Death Number of copies requested: _____

Name on record: _____

Date of Death: _____ Place of Death: _____

Requestor Name (Print): _____

Relationship to Above: _____ **ID MAY BE REQUIRED**

Phone number or email: _____

Signature

Date

OFFICE USE ONLY: **IF NOT FAMILY MEMBER CHECK ID**

DATE COMPLETED: _____ BY: _____ AMOUNT PAID _____