



## **TOWN CLERK'S OFFICE**

TOWN OF MONTAGUE  
One Avenue A  
Turners Falls, MA 01376  
413-863-3200 Ext. 203

**Wendy M. Bogusz**  
**Town Clerk**

**Tina M. Sulda**  
**Assistant Town Clerk**

[townclerk@montague-ma.gov](mailto:townclerk@montague-ma.gov)

## **Vital Record Order by Mail**

To request a certified copy of a vital record, complete this form and return to the clerk's office. Please enclose your payment, along with this sheet. **Provide a self addressed stamped envelope for return OR add \$1 to your transaction**

*Please fill out the following to the best of your ability.*

### **Person Requesting Vital Record (you)**

First and Last: \_\_\_\_\_ Relation to Requested Vital: \_\_\_\_\_ *Ex, Self, Son, Client, etc.*

Mailing Address: \_\_\_\_\_

Phone Number to Reach You: \_\_\_\_\_

Transaction Enclosed: \$ \_\_\_\_\_ (*\$10 for each individual copy*) \_\_\_\_\_ Check \_\_\_\_\_ Cash  
*Circle or Checkmark your enclosed transaction type*

### **For Birth Certificate:**

Name of Child at birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Names of Parents: \_\_\_\_\_ and \_\_\_\_\_

Number of Copies of This Record That You Would Like : \_\_\_\_\_

### **For Death Certificate:**

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Names of Parents: \_\_\_\_\_ and \_\_\_\_\_

Number of Copies of This Record That You Would Like : \_\_\_\_\_

### **For Marriage Certificate:**

*If different Surname was taken at marriage, also provide previous surname*

Name of Married Party A: \_\_\_\_\_

Name of Married Party B: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Number of Copies of This Record That You Would Like : \_\_\_\_\_

**\*\*Please note that some records might be restricted, needing proof of requester's identity, if this is the case, somebody from the office will contact you with necessary action**