

**SANDWICH TOWN CLERK
100 ROUTE 6A
SANDWICH, MASSACHUSETTS 02563**

APPLICATION FOR VITAL RECORD
(please print legibly)

Please fill out and return this form to the address above, along with a stamped self-addressed envelope and a check or money order for \$10.00 for each record. Make checks payable to "Town of Sandwich." Do not submit more than 5 requests per letter. **DO NOT SEND CASH.** If the date of event is unknown, please provide us with as much information as you can.

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)			
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

Telephone Number _____ E-Mail _____