

# APPLICATION FOR A VITAL RECORD

## Instructions:

1. Type or print all information clearly.
2. Cost of certified copies is \$10.00
3. Sign and date application and return it with your check or money order (make payable to the Town of Westford) to the address below. **Do not mail cash.**

## RECORD REQUESTED

Type of Record (circle one)                  Birth                  Death                  Marriage                  Civil Union

Name on Certificate: \_\_\_\_\_

Date of Event: \_\_\_\_\_

## Marriage

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

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

## Civil Union

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

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

## Birth

Maiden name of Mother: \_\_\_\_\_ Name of Father: \_\_\_\_\_

## Death

Age at Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Your relationship to the person on the certificate: \_\_\_\_\_

Intended use of the certificate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_