**Office of the Town Clerk**

#  **51 Bridge Street, MA 01370**

**PHONE – (413) 625-0300 ext. 3**

**FAX – (413) 625-0312**

# **REQUEST FOR VITAL RECORD**

This office has vital records for the Town of **Shelburne from 1760 to the present. In order to request a birth, death, or marriage certificate, please fill** in the appropriate section below and **send this form, together with a check (payable to Town of Shelburne) for $10.00 for each certificate requested and a stamped self-addressed envelope**, to the address above. Fill in your name and address at the bottom of this sheet. If the record is restricted (i.e., parents were not married at time of birth, father not named, or in a marriage, if any parents were not married at the time of the bride or groom’s birth), please send a photocopy of your driver’s license, since only those named on the certificate have a right to said document.

**I WISH TO REQUEST A BIRTH CERTIFICATE FOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name of Child)

**WHO WAS BORN IN THE TOWN OF SHELBURNE ON**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date)

NAME OF FATHER (IF KNOWN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MOTHER (IF KNOWN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I WOULD LIKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COPY/COPIES OF SAID DOCUMENT.**

(Number of Copies)

**I WISH TO REQUEST A DEATH CERTIFICATE FOR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Name of Decedent)

WHO DIED IN THE TOWN OF SHELBURNE ON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Date of Death)

NAME OF FATHER (IF KNOWN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MOTHER (IF KNOWN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I WOULD LIKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COPY/COPIES OF SAID DOCUMENT.**

(Number of Copies)

**I WISH TO REQUEST A MARRIAGE CERTIFICATE FOR**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Groom’s Name)**

and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who were married on:

**(Brides Name)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Town of Shelburne.

**(Date)**

**I WOULD LIKE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COPY/COPIES OF SAID DOCUMENT.**

(Number of Copies)

Please mail above to me: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Marriages are recorded where the bride and groom applied for their license NOT where they got married.**

 **Also, many documents in our Archives dating back to the 1700 and 1800’s are only as complete as the records documented were recorded at the time. We will do all we can to prepare a document with as much information as we possibly can ascertain.**