

ORDERING VITAL RECORDS THRU THE MAIL

Please check the type of record that you are requesting:

BIRTH

DEATH

MARRIAGE

NAME ON RECORD REQUESTED (INCLUDE MAIDEN NAME IF APPLICABLE):

DATE OF BIRTH, DEATH OR MARRIAGE REQUESTED:

IF POSSIBLE, PROVIDE PARENT NAMES OF THE PERSON ON THIS RECORD:

BIRTHS AND MARRIAGES REQUIRE A PICTURE ID

REGARDING BIRTHS: If parents were not married at the time of birth or if father's name is not listed on the birth certificate, the record may be restricted: therefore only the individuals named on the record may obtain it and a photocopy of your picture ID, such as your driver's license must be included with this request.

***PLEASE NOTE YOUR TELEPHONE NUMBER:** _____

THE FEE FOR A CERTIFIED COPY IS \$10.00 AND CHECK'S SHOULD BE PAYABLE TO THE "**TOWN OF BELLINGHAM.**" PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE; YOU WILL RECEIVE A RESPONSE WITHIN TEN DAYS.

PLEASE CALL THE TOWN CLERK'S OFFICE REGARDING ANY QUESTIONS YOU MAY HAVE
AT 1-508-657-2830 DURING OUR REGULAR BUSINESS HOURS OR
BY email at aodabashian@bellinghamma.org

MONDAY 8:30-7:00PM

TUESDAY – THURSDAY 8:30-4:30

FRIDAY 8:30-1:00