

ORDERING VITAL RECORDS THRU THE MAIL

Please check ONE type of record that you are requesting and the quantity you would like:

☐ BIRTH Qty / ☐ MARRIAGE Qty / ☐ DEATH Qty

Name(s) on record requested (INCLUDE Maiden name if applicable):

Date of Event 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: _____

REQUEST SHOULD BE MAILED TO:

**Bellingham Town Clerk's Office,
10 Mechanic Street, Bellingham, MA 02019**

The fee for a certified record is **\$10.00 per copy** and *check / money-order made payable to the:*

"TOWN OF BELLINGHAM"

Enclose a **self-addressed stamped envelope** and you will receive a response within ten business days.

Please call the Town Clerk's office regarding any questions you may have at **1-508-657-2830** or by e-mail at townclerk@bellinghamma.org during our regular business hours.

Archival records searches may require substantial time for research; so, we might have to give you an estimated cost of research for older records; so, please contact the office with inquiries.

HOURS:

Monday – Thursday: 8:30 a.m. – 4:30 p.m.

Friday: 8:30 a.m. – 1:00 p.m.