

# 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:** \_\_\_\_\_

**REQUEST SHOULD BE MAILED TO:** Town Clerks Office, 10 Mechanic St., Bellingham, MA 02019

The fee for a certified record is \$10.00 and checks 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 email at [lsposato@bellinghamma.org](mailto:lsposato@bellinghamma.org) during our regular business hours.

MONDAY 8:30-7:00PM

TUESDAY – THURSDAY 8:30-4:30

FRIDAY 8:30-1:00