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 Isposato@bellinghamma.org during our regular business hours.

MONDAY 8:30-7:00PM
TUESDAY – THURSDAY 8:30-4:30
FRIDAY 8:30-1:00