

ORDERING VITAL RECORDS THRU THE MAIL

Please check the type of record that you are requesting:

☐ BIRTH

☐ MARRIAGE

☐ DEATH

NAME ON RECORD REQUESTED INCLUDE MAIDEN NAME IF APPLICABLE:

DATE OF BIRTH, MARRIAGE OR DEATH 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 Street, 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 e-mail at lsposato@bellinghamma.org during our regular business hours.

HOURS:

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

Friday: 8:30 a.m. – 1:00 p.m.