



CITY OF AMESBURY

CITY CLERK
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VITAL RECORDS REQUEST FORM
Effective January 1, 2009
\$10.00 PER CERTIFIED COPY PAYABLE TO:
THE CITY OF AMESBURY
62 FRIEND STREET
AMESBURY, MA 01913

The following information is required along with payment:

- Name of Requester: _____
 - Telephone Number: _____
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BIRTH INFORMATION:

Name: _____
Date of Birth: _____
Number of Copies: _____

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Name / Name: _____
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Name: _____
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