



**City Clerk's Office
Vital Records Request Form**

Birth Certificate [\$10.00 each]:

Name: _____ (Maiden if married)

Date of Birth: ____/____/____

of Certified Copies: _____ [\$10.00 each]

Death Certificate [\$10.00 each]:

Name of Deceased: _____

Date of Death: ____/____/____

of Certified Copies: _____ [\$10.00 each]

Marriage Certificate [\$10.00 each]:

*Please provide maiden name where applicable

Party A's Name: _____

Party B's Name: _____

Date of Marriage: ____/____/____

of Certified Copies: _____ [\$10.00 each]

Where to mail your certificates to:

Name: _____

Address: _____

City: _____; State: _____; Zip Code _____

Phone #: _____

Mail to this form to:

City Clerk's Office
62 Friend St.
Amesbury, MA 01913