

**TOWN CLERK'S OFFICE
Town of Harvard**

VITAL RECORDS REQUEST FORM BY MAIL

To order one or more certified copies of a vital record, please complete this form and return it with a self-addressed, stamped envelope and a check made payable to the "Town of Harvard" in the amount of **\$10** for each certified copy requested. Mail your request to:

Town Clerk 13 Ayer Road Harvard, MA 01451-1458
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BIRTH RECORD

NAME: _____
DATE of BIRTH: _____
NAME of MOTHER: _____
NAME of FATHER: _____
Number of Copies: _____ Amount Enclosed: \$ _____

MARRIAGE RECORD

NAME of 1st PARTY: _____
NAME of 2nd PARTY: _____
DATE of MARRIAGE: _____
Number of Copies: _____ Amount Enclosed: \$ _____

DEATH RECORD

NAME: _____
DATE of DEATH: _____
PLACE of DEATH: _____
Number of Copies: _____ Amount Enclosed: \$ _____

**SHOULD WE NEED TO CONTACT YOU REGARDING THIS REQUEST
PLEASE COMPLETE THE FOLLOWING:**

Name of Requestor: _____
Mailing Address: _____
Telephone Number: _____
Email Address: _____ Total Enclosed: \$ _____

FOR OFFICE USE ONLY

Date Received: _____ Correct Fee: (Yes) _____ (No) _____
Person Contacted: _____ Result: _____
Date Mailed: _____ Date Picked Up: _____