Vital Records Request

Town Clerk's Office

NAME: _____

MAILING ADDRESS: _____

RECORD(S) INFORMATION

TYPE OF RECORD: **BIRTH** **DEATH** **MARRIAGE** **(please circle all that apply)**

NAME OF PERSON ON RECORD(S):_____

DATE OF EVENT(S): _____

COPIES REQUESTED: _____ **x $10.00 each**

AMOUNT ENCLOSED: $ _____

INSTRUCTIONS

If you are making multiple requests, (ie. A copy of a birth and a marriage certificate), please note the dates and names for each clearly and legibly.

All checks are to be made out to Town of Edgartown.

Please remember to include a **self addressed stamped envelope** along with your records request to ensure prompt response time.

Please mail this completed form with check & self addressed stamped envelope to:

Edgartown Town Clerk
PO Box 35
Edgartown, MA 02539

If you have any questions, please contact our office at (508) 627-6110