



TOWN OF MILTON
MASSACHUSETTS

SUSAN M. GALVIN
Town Clerk

Vital Record Form

REQUEST FOR VITAL RECORD

In order to request a birth, marriage or death certificate, please fill in the appropriate section below, send this form together with a **check for \$8.00 for each certificate requested and a self-addressed stamped envelope** to: The Milton Town Clerk's Office, 525 Canton Avenue Milton, MA 02186.

I WISH TO REQUEST A **BIRTH CERTIFICATE** FOR:

Name of Child: _____
Date of Birth: _____
Place of Birth: _____
Fathers Name: _____
Mothers Name: _____

I WISH TO REQUEST A **MARRIAGE CERTIFICATE** FOR:

Party A. Name: _____
Party B Name: _____
Date of Marriage: _____

I WISH TO REQUEST A **DEATH CERTIFICATE** FOR:

Name of Deceased: _____
Date of Death: _____
Spouses Name: _____
Fathers Name: _____
Mothers Name: _____

Please Mail above certified copies to:

Name: _____
Address: _____
City/State/Zip: _____
Number of Copies Requested @ **\$8.00** each _____
Phone #: _____
