



SUSAN M. GALVIN  
Town Clerk

TOWN OF MILTON  
MASSACHUSETTS

**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.

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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: \_\_\_\_\_

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**Please Mail above certified copies to:**

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