



VITAL RECORDS REQUEST FORM BY MAIL
TOWN OF SAUGUS

Please enclose a \$10.00 check or money order (no cash) per certified copy of Vital Record with a self addressed, stamped envelope (will not return without envelop).

Send To: Town Clerk's Office, 298 Central Street, Saugus, MA 01906

MUST COMPLETE HIGHLIGHTED AREA, IF NOT COMPLETED IT WILL BE RETURNED

NAME OF REQUESTOR_____

TELEPHONE#_____

MAILING ADDRESS_____

BIRTH CERTIFICATE

NAME:_____

DATE OF BIRTH:_____

NAME OF FATHER:_____

NAME OF MOTHER:_____

NUMBER OF COPIES:_____

MARRIAGE CERTIFICATE

NAME OF BRIDE:_____

NAME OF GROOM:_____

DATE OF MARRIAGE:_____

NUMBER OF COPIES_____

DEATH RECORD

NAME OF DECEASED_____

DATE OF DEATH_____

NUMBER OF COPIES_____

