



## **VITAL RECORDS REQUEST FORM BY MAIL**

### **TOWN OF SAUGUS**

**\$10.00 CHECK OR MONEY ORDER (NO CASH) PER CERTIFIED COPY OF ANY VITAL RECORD.**

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

**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** \_\_\_\_\_

