



CITY OF GLOUCESTER

City Clerk's Office

9 Dale Avenue • Gloucester, Massachusetts 01930

Phone: 978-281-9720 • Fax: 978-282-3051

VITAL RECORD REQUEST FORM

I WISH TO REQUEST A:

BIRTH **NAME AT BIRTH:**
DATE OF BIRTH:
PARENTS (*if known*):
OF COPIES:

DEATH **NAME AT DEATH:**
DATE OF DEATH:
PARENTS (*if known*):
OF COPIES:

MARRIAGE **NAMES:**
MARRIAGE DATE:
OF COPIES:

Vital Records are \$15.00 for 1st copy, \$7.50 for each copy of the same record.

****Please note:** Some vital records are restricted under Massachusetts Law. If the record is restricted (parents were not married at the time of the birth, father not named or in a marriage if any parents were not married at the time of either partner's birth); please send a photocopy of your driver's license; since only those named on the certificate have a right to said document)**

PLEASE MAIL ABOVE REQUEST TO ME:

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

EMAIL:

****Please include a self-addressed, stamped envelope along with payment****