



# REQUEST FOR CERTIFIED COPY OF VITAL RECORDS

Please complete a separate form for each vital record that you are requesting.

TOWN OF ERVING  
**Vital Records**  
12 East Main Street  
Erving MA 01344

**FEE:**  
\$5.00 per  
certified copy

**Please make check  
or money order  
made payable to  
Town of Erving  
and mail to the  
address above.**

Please remember  
that these are  
**'Certified Copies'**.  
The originals remain  
with the  
Commonwealth of  
Massachusetts Office  
of Vital Statistics

Some Birth and  
Marriage Records are  
**impounded (not  
public record)**. If the  
record you are  
requesting is  
impounded, you must  
provide a copy of a  
photo ID (i.e. driver's  
license or other  
government issued  
ID), that matches the  
name of someone  
who is on the vital  
record.

Call with questions at  
413-422-2800 X101  
OR email us:  
townclerk@erving-ma.org

## BIRTH CERTIFICATE:

Name on Birth Certificate:

Date of Birth :            /            /            YYYY

Number of Copies:

## MARRIAGE CERTIFICATE:

*If different surname was taken after marriage, please also provide maiden name*

Name of 1<sup>st</sup> Party:

Name of 2<sup>nd</sup> Party:

Date of Marriage:            /            /            YYYY

Number of Copies:

## DEATH CERTIFICATE:

Name on Death Certificate:

Date of Death:            /            /            YYYY

Number of Copies:

AMOUNT ENCLOSED: \$

Payment Type:

## ADDRESS CERTIFIED COPIES SHOULD BE MAILED TO:

Name:

Street Address:

Town, State, Zip:

## CONTACT INFORMATION SHOULD WE NEED TO CONTACT YOU:

Home Phone:

Cell Phone:

Email Address:

## For Office Use Only:

Date Received by Mail: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_

Date Received by Email: \_\_\_\_\_

Check Number: \_\_\_\_\_

Date Mailed Back: \_\_\_\_\_