

**SANDWICH TOWN CLERK
145 MAIN STREET
SANDWICH, MASSACHUSETTS 02563**

**APPLICATION FOR VITAL RECORD
(please print legibly)**

Please fill out and return this form to the address above, along with a stamped self-addressed envelope and a check or money order for \$10.00 for each record. Make checks payable to "Town of Sandwich." Do not submit more than 5 requests per letter. **DO NOT SEND CASH.** If the date of event is unknown, please provide us with as much information as you can.

BIRTH RECORD

Number of copies: _____

Name of Subject: _____			
(first)	(middle)	(last)	
Date of Birth: _____	City or Town of Birth: _____		
Mother's Name: _____			
(first)	(middle)	(maiden)	(last)
Father's Name: _____			
(first)	(middle)	(last)	

MARRIAGE RECORD

Number of copies: _____

PARTY A: _____			
(first)	(middle)	(last)	
PARTY B: _____			
(first)	(middle)	(maiden)	
Date of Marriage: _____	City or Town of Marriage: _____		

DEATH RECORD

Number of copies: _____

Name of Deceased: _____			
(first)	(middle)	(last)	(maiden, if applicable)
Spouse's Name: _____			
(first)	(middle)	(last)	(maiden, if applicable)
Date of Death: _____	City or Town of Death: _____		
Father's Name: _____			
(first)	(middle)	(last)	
Mother's Name: _____			
(first)	(middle)	(maiden)	(last)

Relationship of requestor to subject(s) named on record: _____

Mail record to: _____
Address: _____
City/State/ZIP Code: _____
Your signature: _____
Date of request: _____ month/day/year

Telephone Number _____ E-Mail _____