CITY OF GARDNER
CITY CLERK'S OFFICE ROOM 121
GARDNER, MA 01440

APPLICATION FOR VITAL RECORD

(please print legibly)

Please fill out and return this form to the above address, along with a stamped, self-addressed, business-letter-sized envelope and a check or money order for **$10.00** for each record. Make checks payable to the City of Gardner. Do not submit more than 5 requests per letter. DO NOT SEND CASH THROUGH THE MAIL. If the date of event is unknown provide us with a ten-year period that you would like us to search.

BIRTH RECORD Number of copies:

Name of Subject:_____
(first) (middle) (last)

Date of Birth:_____ City or Town of Birth:_____

MARRIAGE RECORD Number of copies:

PARTY A:_____
(first) (middle) (last)

PARTY B:_____
(first) (middle) (maiden)

Date of Marriage:_____ City or Town of Birth:_____

DEATH RECORD Number of copies:

Name of Deceased:_____
(first) (middle) (maiden, if applicable)

Spouse's Name:_____
(first) (middle) (maiden, if applicable)

Date of Death:_____ City or Town of Death:_____

Mail record to:_____

Address:_____

City/State/Zip:_____

Your signature:_____

Date of Request:_____

Phone Number:_____

Email Address:_____