



## Vital Record Request Form

Birth: \$5.00 ea.     Marriage: \$5.00 ea.     Death: \$5.00 ea.

(Checks must be made payable to Town of Acton)

Name(s) on Certificate:	Date of Occurrence:	# of Copies:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Requestor Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Email: \_\_\_\_\_

Relationship to Above: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date