TOWN OF BRAINTREE

Office of Town Clerk

1 JFK Memorial Drive, Braintree, MA 02184

REQUEST FOR VITAL RECORD

This office has vital records for the Town from 1620 to the present. In order to request a birth, death, or marriage certificate, please fill in the appropriate section below; send this form, **together with a check for $10.00 for each certificate requested** to the address above. Fill in your name and address at the bottom this sheet.

I WISH TO REQUEST A BIRTH CERTIFICATE FOR:_____
Name of Child

WHO WAS BORN IN THE TOWN OF BRAINTREE (OR PARENTS RESIDED IN THE TOWN OF BRAINTREE AT THE TIME OF BIRTH) ON: _____
Date of Birth

NAME OF FATHER/PARENT (IF KNOWN):_____

NAME OF MOTHER/PARENT (IF KNOWN):_____

I WOULD LIKE_____COPY/COPIES OF SAID DOCUMENT.
Number of Copies

I WISH TO REQUEST A DEATH CERTIFICATE FOR:_____
Name of Decedent

WHO DIED IN THE TOWN OF BRAINTREE (OR WAS A RESIDENT OF BRAINTREE AT THE TIME OF DEATH) ON:_____
Date of Death

NAME OF FATHER/PARENT (IF KNOWN):_____

NAME OF MOTHER/PARENT (IF KNOWN):_____

I WOULD LIKE_____COPY/COPIES OF SAID DOCUMENT.
Number of Copies

I WISH TO REQUEST A MARRIAGE CERTIFICATE FOR:_____
Bride or Party A's Name

AND_____WHO WERE MARRIED ON:_____
Groom or Party B's Name Date of Marriage

I WOULD LIKE_____COPY/COPIES OF SAID DOCUMENT
Number of Copies

NOTE: Marriages are recorded where the partners applied for their license NOT where they got married.

Please mail above to: Name:_____

Address_____

City/State/Zip_____

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE