

TOWN CLERK'S OFFICE
Town of Holland 413-245-7108 ext. 12
VITAL RECORDS REQUEST FORM BY MAIL

To order one or more certified copies of a vital record where all of the information listed below is known, please complete this form and return it, together with a self-addressed, stamped envelope and a check made payable to the "Town of Holland" in the amount of \$5 for each certified copy requested. Mail your request to: 27 Sturbridge Road, Holland, MA 01521

BIRTH RECORD

NAME: _____
DATE of BIRTH: _____
NAME of MOTHER: _____
NAME of FATHER: _____
Number of Copies: _____ Amount Enclosed: \$ _____

MARRIAGE RECORD

NAME of 1st PARTY: _____
NAME of 2nd PARTY: _____
DATE of MARRIAGE: _____
Number of Copies: _____ Amount Enclosed: \$ _____

DEATH RECORD

NAME: _____
DATE of DEATH: _____
PLACE of DEATH: _____
Number of Copies: _____ Amount Enclosed: \$ _____

**SHOULD WE NEED TO CONTACT YOU REGARDING THIS REQUEST
PLEASE COMPLETE THE FOLLOWING:**

Name of Requestor: _____
Mailing Address: _____
Telephone Number: _____ Total Enclosed: \$ _____

FOR OFFICE USE ONLY

Date Received: _____ Correct Fee: (Yes) ____ (No) ____
Person Contacted: _____ Result: _____
Date Mailed: _____ Date Picked Up: _____

Town Clerk's Office / Vital Records
Town Hall – 27 Sturbridge Road
Holland, MA 01521