

TOWN CLERK'S OFFICE

Town of Holland 413-245-7108 ext. 102

VITAL RECORDS REQUEST 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 "Town of Holland".

The amount is \$10 for each certified copy requested of Birth and Death and \$15 for each certified copy requested for Marriage.

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, COMPLETE THE FOLLOWING.

NAME OF REQUESTOR:

MAILING ADDRESS:

TELEPHONE: