

**CITY CLERKS OFFICE  
CITY OF LAWRENCE, MA  
VITAL RECORD REQUEST FORM**

*Date of Request:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

[please print]

\*\*\*\*\*

**BIRTH CERTIFICATE [\$10.00 each]:**

*(Acta de nacimiento):*

**NAME:** \_\_\_\_\_ (MAIDEN IF MARRIED)

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**HOW MANY CERTIFIED COPIES:** \_\_\_\_\_ [\$10.00 each]

\*\*\*\*\*

**DEATH CERTIFICATE [\$10.00 each]:**

*(Acta de Defuncion):*

**NAME OF DECEASED:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**HOW MANY CERTIFIED COPIES:** \_\_\_\_\_ [\$10.00 each]

\*\*\*\*\*

**3. MARRIAGE CERTIFICATE [\$10.00 each]:**

*\*Please provide maiden name of the party if applicable.*

*(Acta de matrimonio):*

**PARTY A's NAME:** \_\_\_\_\_

*(Nombre del novio):*

**PARTY B's NAME:** \_\_\_\_\_

*(Nombre de la novia):*

**DATE OF MARRIAGE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

**HOW MANY CERTIFIED COPIES:** \_\_\_\_\_ [\$10.00 each]

\*\*\*\*\*

**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_.

\*\*\*\*\*

**Where to mail your certificates to:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ ; **STATE:** \_\_\_\_\_ ; **ZIP CODE** \_\_\_\_\_

**YOUR TEL #:** \_\_\_\_\_

**Mail to this form to:**

**City of Lawrence  
Attn: Office of the City Clerk – Room 107  
Lawrence, MA 01840**