

CITY OF GREENFIELD
OFFICE OF THE CITY CLERK
14 Court Square
Greenfield, MA 01301
Phone: (413) 772-1555
Fax: (413) 772-1542

MAIL IN REQUEST FOR CERTIFIED VITAL RECORDS

- Please enclose this request form completed in full
- Please enclose payment with a check or money order payable to the City of Greenfield
- Please enclose a self-addressed stamped envelope to have the certified copy(s) mailed to
- Please note for **BIRTH** and **MARRIAGE** Certificates if the parents were not married at the time of birth of a child or a father was not listed, the record is only available to those persons listed on the birth/marriage certificate after proof of identification. Mail in requests for these records should include a photocopy of a valid driver's license or similar identification.

Type of Even Record: _____ Birth Certificate
_____ Death Certificate
_____ Marriage Certificate

Name of Individual(s): _____
(provide both parties names for marriage certificate request)

Date of Event: _____

Number of copies requested: _____ (\$10 per copy)

Person Requesting Record:

Name: _____

Relationship to person listed on record requested: _____

Address: _____

Phone Number: _____

E-mail: _____

Mail to: City Clerk's Office
14 Court Square
Greenfield, MA 01301