



APPLICATION FOR VITAL RECORD

Town of Great Barrington Town Clerk's Office
334 Main Street, Great Barrington, MA 01230
413 528-1619 ext. 2100

Please fill out and return this form with a **self-addressed, business sized envelope** and a check or money order for **\$10.00** for each record to the above address.

Please make the payment payable to Town of Great Barrington

Type of Record: _____ Birth _____ Marriage _____ Death

Number of Copies: _____

Name of Subject(s): _____
(as it appears on record) First Middle Last

and Name of Subject: _____
(for marriage records only) First Middle Last

Date of the event: _____

Place of Event: _____

Name of Mother: _____
(as it appears on record) First Middle Last

Name of Father: _____
(as it appears on record) First Middle Last

Spouse's Name: _____
(for deaths records only) First Middle Last

Relationship of requestor to the subject (s) named on the record: _____

Requestor's Name: _____

Address where record should be mailed: _____

Phone number: _____

Email address: _____

Signature: _____ Date: _____

Under Massachusetts law, the marital status of the parents determines the accessibility of a vital record. If the record is that of a child born out of wedlock, then the document is restricted. The record may only be issued to the people's names that appear on the record (mother, child, and father if named).

If you are requesting a restricted document by mail, a notarized photocopy of your picture ID is required.