

**TOWN OF GREAT BARRINGTON
TOWN CLERK'S OFFICE
334 MAIN STREET
GT. BARRINGTON, MA 01230**

APPLICATION FOR A VITAL RECORD

Please fill out and return this form with a self addressed, stamped envelope and a personal check or money order for \$10.00 for each record to the address above. Make checks payable to the Town of Great Barrington.

Submit a separate application for each type of record desired...

Type of record requested: BIRTH MARRIAGE DEATH

Number of copies: _____

Name of Subject(s): _____
(as they appear on record) first Middle Last

And: _____
(for marriage records only) first Middle Last

Date of event: _____
Month day year

Name of father: _____
First Middle Last

Name of mother: _____
First Middle Last

Spouse's name: _____
(for death records only) First Middle Last

Other pertinent information: _____

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

Your Signature: _____

Date: _____
Month day year

Address where record should be mailed: _____

Copy of Photo ID if Restricted Record _____
(see vitals page)