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 $2.00 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)