



# Town of Millville

OFFICE OF THE TOWN CLERK

290 Main Street  
Millville, MA 01529  
Phone: (508)883-5849  
Fax: (508)883-2994

## REQUEST FOR VITAL RECORDS:

### **BIRTH CERTIFICATES   DEATH CERTIFICATES   MARRIAGE CERTIFICATES**

The Office of the Town Clerk maintains records for the Town of Millville from 1916 to the present. In order to request a birth, death or marriage certificate, please fill in the appropriate section below.

Please note: if the birth record is restricted (*parents were not married at time of birth or child's father not named*) you will need to send a photocopy of your driver's license or other form of ID, since only those names on the birth certificate have a right to said document.

Send this form along with a **self-addressed, stamped envelope** and a check in the amount of \$10.00 per certified copy made payable to the Town of Millville, to the above address.

---

### **REQUEST FOR BIRTH CERTIFICATE**

Name on Birth Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ @ \$10.00/copy: \$\_\_\_\_\_

Name of Mother/Parent (if known): \_\_\_\_\_

Name of Father/Parent (if known): \_\_\_\_\_

---

### **REQUEST FOR DEATH CERTIFICATE**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ @ \$10.00/copy: \$\_\_\_\_\_

Name of Mother/Parent (if known): \_\_\_\_\_

Name of Father/Parent (if known): \_\_\_\_\_

---

### **REQUEST FOR MARRIAGE CERTIFICATE**

Name of Party A: \_\_\_\_\_ Name of Party B: \_\_\_\_\_

Married on: \_\_\_\_\_ Number of Copies: \_\_\_\_\_ @ \$10.00/copy: \$\_\_\_\_\_

Please note: Marriage Certificates are located where the partners **applied** for their license.

---

NAME OF APPLICANT (Print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Telephone #: \_\_\_\_\_