

**OFFICE OF THE TOWN CLERK
TOWN HALL
511 Main Street
Dunstable, MA01827
CSkerrett@dunstable-ma.gov
978-649-4514 x222**

APPLICATION FOR VITAL RECORD

Your name and relationship to subject named on record: _____
Telephone: _____ (Name) (Relationship)

Please make your check payable to "Town of Dunstable" for \$5.00 for each record and enclose a business-size self-addressed envelope if ordering by mail.

BIRTH RECORD Number of Copies: _____
Name of Subject: _____ (first) (middle) (last)
Date of Birth: _____

Access to non-marital (out-of-wedlock) births is limited by §2A, Chapter 46, [M.G.L.](#) to the following:

- Subject of the record (child)
- Parents listed on the record
- Father not listed on the record with documentary proof that he is the father (such as a paternity adjudication, stipulation or properly completed Voluntary Acknowledgment of Parentage)
- Legal guardian of the child
- Legal representative of the child

MARRIAGE RECORD Number of Copies: _____
Party A or B: _____ (first) (middle) (last)
Date of Marriage: _____

Access to marriage certificates when the bride or groom was born out-of-wedlock is limited by §2A, Chapter 46, [M.G.L.](#) to the following:

- Bride or groom (Party A or Party B)
- Legal representative of the bride or groom (Party A or Party B)
- Parent or guardian of the bride or groom (Party A or Party B)

DEATH RECORD Number of Copies: _____
Name of Deceased: _____ (first) (middle) (last)
Date of Death: _____