OFFICE OF THE TOWN CLERK TOWN HALL 511 Main Street Dunstable, MA 01827 CSkerrett@dunstable-ma.gov 978-649-4514 x222

APPLICATION FOR VITAL RECORD

	onship to subject named on		(Polotionalia)
relephone		(Name)	(Relationship)
Please make your check payable to "Town of Dunstable" for \$10.00 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)	(loot)
Date of Birth:	(IIISt)	(middle)	(last)
Access to non-marital (out-of-wedlock) births is limited by §2A, Chapter 46, M.G.L. to the following:			
 Subject of the reco 	rd (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 representativ 	e 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			
Legal representative of the bride or groom			
Parent or guardian of the bride or groom			
DEATH RECORD	Number of Copies:		
Name of Deceased:			
3-	(first)	(middle)	(last)

Massachusetts Registry of Vital Records and Statistics main number 617-740-2600 www.state.ma.us/dph/htm

Date of Death: