



To order one or more certified copies of a vital record where all the information listed below is known, please complete this form and return it along with a **self-addressed, stamped envelope, and a check** made payable to:

"Town of Hardwick" P. O. Box 575 - Gilbertville, MA 01031

All certified copies are \$10.00 (ten dollars) each.

BIRTH RECORD

NAME: _____

DATE of BIRTH: _____

NAME of MOTHER: _____

NAME of FATHER: _____

Number of Copies: _____

Amount enclosed: \$ _____

MARRIAGE RECORD

NAME of 1ST PARTY: _____

NAME of 2ND PARTY: _____

DATE of MARRIAGE: _____

Number of Copies: _____

Amount enclosed: \$ _____

DEATH RECORD

NAME of DECEASED: _____

DATE of DEATH: _____

PLACE of DEATH: _____

Number of Copies: _____

Amount enclosed: \$ _____

IF WE NEED TO CONTACT YOU REGARDING THIS REQUEST, PLEASE COMPLETE:

Name of Requestor: _____ Telephone #: _____

Mailing Address: _____

FOR OFFICE USE ONLY

Date received: _____

Correct Fee: (Yes) _____ (No) _____

Person contacted: _____

Result: _____

Date mailed: _____

Date picked up: _____