

Town of Groveland
183 Main Street
Groveland MA 01834

Office of the Town Clerk
978-556-7221

fax: 978-469-5006
website: www.grovelandma.com

Vital Records Request Form

To order certified copies of vital records please provide all known information listed below. If requesting by mail please return completed form and a check made payable to the "**Town of Groveland**" in the amount of **\$10.00** for each certified copy requested.

Record Requesting:

Number of Copies Needed:

Certified Birth Certificate: _____

Certified Marriage Certificate: _____

Certified Death Certificate: _____

Name of person(s) on Certificate: _____

Date of Event: _____
(Birth, Marriage, Death)

Location of Event: _____
(Birth, Marriage, Death)

Certificate to be mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Information of Requestor:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

For Office Use Only: Date Sent: _____

Staff: _____