



Vital Record Request Form

Birth: \$5.00 ea. Marriage: \$5.00 ea. Death: \$5.00 ea.

(Checks must be made payable to Town of Acton)

Name(s) on Certificate:	Date of Occurrence:	# of Copies:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Requestor Name (Print): _____

Address: _____

Phone Number: _____ Email: _____

Relationship to Above: _____

Signature

Date