



Town of Reading
16 Lowell Street
Reading, MA 01867-2685

FAX: (781) 942-9070
Website: www.readingma.gov

TOWN CLERK
(781) 942-9050

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 together with a self-addressed, stamped envelope and a check made payable to the "**Town of Reading**" 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: _____