



# TOWN OF ROCHESTER

1 Constitution Way, Rochester MA 02770

Phone: 508-763-3871

Fax: 508-763-4892

[www.townofrochestermass.com](http://www.townofrochestermass.com)

## CERTIFICATE REQUEST FORM

I request a certified copy of a

### BIRTH RECORD:

Name on Birth Certificate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address at Time Of Birth: \_\_\_\_\_

### DEATH RECORD

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Address at Time Of Death: \_\_\_\_\_

### MARRIAGE RECORD

Name of Parties: \_\_\_\_\_

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Address at Time Of Marriage: \_\_\_\_\_

Name of Person requesting copies: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_