

City Clerk's Office  
Lowell City Hall, Room 31  
375 Merrimack Street  
Lowell, MA 01852  
(978) 674-4161

## VITAL RECORD REQUEST FORM

### BIRTH CERTIFICATE

Name/(Maiden-if married):

Date of Birth: (month) /(day) /(year)

# of copies (\$15.00 ea)

If your parents weren't married at the time of your birth, please contact the Clerk's Office for further instructions at 978-674-4161.

### DEATH CERTIFICATE

Name:

Date of Death: (month) /(day) /(year)

#of copies (\$15.00 ea)

### MARRIAGE CERTIFICATE

Groom's Name:

Bride's Name:

Date of Marriage: (month) /(day) /(year)

# of copies (\$15.00 ea)

If parents of either applicant were not married at the time of applicant's birth, please contact the Clerk's Office for further instructions at 978-674-4161.

### REQUESTED BY

Name:

Address:

Telephone Number:

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public or City Clerk's designee, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person/s whose name/s is/are signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her/their knowledge and belief.

My Commission Expires \_\_\_\_\_

Notary Public