

**VITAL RECORDS REQUEST FORM BY MAIL
TOWN OF ANDOVER**

\$10.00 PER CERTIFIED COPY OF ANY VITAL RECORD

Please send a self addressed, stamped envelope along with this form and a check payable to the
TOWN OF ANDOVER

Send To: Town Clerk's Office, 36 Bartlet Street Andover, MA 01810

BIRTH RECORD

NAME: _____

DATE OF BIRTH: _____

NAME OF FATHER: _____

NUMBER OF COPIES: _____

MARRIAGE RECORD

NAME OF GROOM _____

NAME OF BRIDE: _____

DATE OF MARRIAGE: _____

NUMBER OF COPIES: _____

DEATH RECORD

NAME DECEASED: _____

DATE OF DEATH: _____

NUMBER OF COPIES: _____

**In case we need to get in touch with you concerning your request, please fill out the
information below:**

Name of Requestor: _____

Telephone #: _____

Mailing Address: _____
