

TOWN CLERK'S OFFICE

Town of Milford

VITAL RECORDS MARRIAGE REQUEST FORM BY MAIL

To order one or more certified copies of a marriage record, please complete this form and return it with a self-addressed, stamped envelope, cash or check made payable to the "Town of Milford".

Mail your request to:
Milford Town Clerk
52 Main St., Room 12
Milford, MA 01757

NAME OF FIRST PARTY: _____

NAME OF SECOND PARTY: _____

DATE OF MARRIAGE: month: _____ day: _____ year: _____

NUMBER OF COPIES: _____ X \$10.00 = AMOUNT ENCLOSED: \$ _____

If the parents of either party were **NOT married at the time of their births, this makes the record *restricted to anyone other than those named on the marriage record*. To receive a restricted record, please email a copy of your valid driver's license to dpetrowski@townofmilford.com*

Please fill in your information as to where we should mail the marriage certificates:

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

Should we need to contact you regarding this request please complete the following:

NAME OF REQUESTOR: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____