



*Town of  
Washington*

## REQUEST FOR VITAL RECORDS

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**A COPY OF YOUR DRIVER'S LICENSE MUST BE SENT WITH YOUR REQUEST.  
FOR CERTIFIED COPIES, PROOF OF LINEAGE OR LEGAL ENTITLEMENT IS  
REQUIRED.**

**Please check or circle what you are requesting:**

- Death Certificate
- Marriage Certificate
- Birth Certificate
- Genealogy Search:
  - Marriage
  - Death
  - Birth

**Death/Marriage/Birth Certificates - \$10.00**  
**Genealogy Search – Starting at \$22.00**  
 Note: Searches beyond a 3-year period require a fee of \$22.00 for each 3-year period.  
**Form of Payment:**

- Credit Card (if paying this form, there is space for cc info on the following page)
- Cash
- Check

<b><u>Death</u></b>	<b><u>Marriage</u></b>	<b><u>Birth</u></b>
Name at Death: _____	Name of Bride: _____	Name at Birth: _____
Date of Death: _____	Name of Groom: _____	Date of Birth: _____
Age at Death: _____	Date of Marriage: _____	Father's Name: _____
Place of Death: _____	Place of Marriage: _____	Mother's Maiden Name: _____

**Note: To insure a complete search, please provide as much information as possible. Please complete for type of record requested, birth, death OR marriage.**

For what purpose if information required? \_\_\_\_\_

What is your relationship to the person whose record is requested? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_  
APPLICANT SIGNATURE

**Note: If search is completed with no record found, you will receive a document stating the “No Record Of: Death/Birth/Marriage”**

**SEND RECORD TO: (PLEASE PRINT)**

**C.C INFORMATION:**

NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CCV/CVC: \_\_\_\_\_

**FOR TOWN USE ONLY:**

*Date received:* \_\_\_\_\_ *Amount paid:* \_\_\_\_\_

*Search completed:* Yes / No *Date of completed search:* \_\_\_\_\_

*Search conducted by:* \_\_\_\_\_

*Date of payment entry:* \_\_\_\_\_ *Form of payment:* \_\_\_\_\_