

**TOWN OF ASHLAND**

**Application for a Search and/or Certified Copy of a Vital Report**

**Non-Refundable Fees:** \$15.00 for certified copy, \$6.00 for additional copies of same record. (Must be on the same day)  
\$10.00 for a non-certified (not a legal copy)

**Applicant:** Please complete the information in the appropriate box for the requested record. Please show proof of a Driver's License, Passport or a Government Issued ID unless mailing application, we will need a copy of one of the IDs listed above. Relationship can be: Self, Spouse, Registered Domestic Partner, Parent/Guardian, Descendant, Attorney or Funeral Director.

<u><b>Birth Record</b></u>	<i>Name of Birth Record:</i>	
	<i>Date of Birth:</i>	
	<i>Place of Birth:</i>	
	<i>Mother's Full Maiden Name:</i>	
	<i>Father's Full Name:</i>	
	<i>Relationship to Birth Record:</i>	
	<i>Number of Certified Copies:</i>	

<u><b>Death Record</b></u>	<i>Full Name of Decedent:</i>	
	<i>Date of Death:</i>	
	<i>Place of Death:</i>	
	<i>Relationship to Decedent:</i>	
	<i>Number of Certified Copies:</i>	

<u><b>Marriage Record</b></u>	<i>Full Name of Groom:</i>	
	<i>Full Maiden Name of Bride:</i>	
	<i>Date of Marriage:</i>	
	<i>Place of Marriage:</i>	
	<i>Number of Certified Copies:</i>	

*Applicant Name:* \_\_\_\_\_

*Applicant Address:* \_\_\_\_\_

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

*By signing below, I swear/affirm that the information above is true and correct.*

*Applicant Signature:* \_\_\_\_\_

*Date of Signature:* \_\_\_\_\_