



**TOWN OF BELMONT**  
TOWN CLERK'S OFFICE  
455 CONCORD AVENUE  
BELMONT, MASSACHUSETTS 02478

ELLEN O'BRIEN CUSHMAN  
TOWN CLERK

TEL. (617) 993-2600  
FAX (617) 993-2601

**REQUEST FOR CERTIFIED CERTIFICATE OF VITAL RECORDS  
FROM THE TOWN OF BELMONT**

I request certified certificate(s) of the following Vital Records in possession of the Belmont Town Clerk.

- ***Please print neatly,***

**BIRTH CERTIFICATE OF:** \_\_\_\_\_  
(Name at birth)  
Quantity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (if known)

**BIRTH CERTIFICATE OF:** \_\_\_\_\_  
(Name at birth)  
Quantity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (if known)

**MARRIAGE CERTIFICATE OF:** \_\_\_\_\_ **AND** \_\_\_\_\_  
(Name before marriage)  
(Name before marriage)  
Quantity: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ (if known)

**MARRIAGE CERTIFICATE OF:** \_\_\_\_\_ **AND** \_\_\_\_\_  
(Name before marriage)  
(Name before marriage)  
Quantity: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ (if known)

**DEATH CERTIFICATE OF:** \_\_\_\_\_  
(Name)  
Quantity: \_\_\_\_\_ Date of Death: \_\_\_\_\_ (if known)

**DEATH CERTIFICATE OF:** \_\_\_\_\_  
(Name)  
Quantity: \_\_\_\_\_ Date of Death: \_\_\_\_\_ (if known)

Please mail the certificate(s) to me at the following address: \_\_\_\_\_

My contact information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Price of certified copies is \$20 per certificate. Please accompany this request with a check made payable to **Town of Belmont** and a self-addressed, stamped envelope.

Mail to: Belmont Town Clerk, 455 Concord Avenue, Belmont, MA 02478

Please note that certificates are typically prepared and mailed within two days of receipt of the request when accompanied by payment.

Questions may be addressed to 617-993-2600 or [www.TownClerk@belmont-ma.gov](mailto:www.TownClerk@belmont-ma.gov)