

TOWN CLERK
TOWN OF TYRINGHAM
116 MAIN ROAD, TYRINGHAM, MA 01264
(413) 243-1749 EXT. 103

Please fill out and return this form to the address above, along with a photocopy of your ID, *a stamped, self-addressed, business-sized envelope* and a check or money order for \$5.00 per copy requested. Make checks payable to the Town of Tyringham.

DO NOT SEND CASH THROUGH THE MAIL. If the date of record is unknown, please provide us with a ten-year period that you would like us to search.

BIRTH RECORD	NUMBER OF COPIES
Name of Subject:	_____
	(First) (Middle) (Last)
Date of Birth:	_____
Father's Name:	_____
	(First) (Middle) (Last)
Mother's Name:	_____
	(First) (Middle) (Last/Maiden)

DEATH RECORD	NUMBER OF COPIES
Name of Deceased:	_____
	(First) (Middle) (Last)
Date of Death:	_____
	Date of Birth (If Known):
Father's Name:	_____
	(First) (Middle) (Last)
Mother's Name:	_____
	(First) (Middle) (Last/Maiden)

MARRIAGE RECORD	NUMBER OF COPIES
Groom / Part A's Name:	_____
	(First) (Middle) (Last)
Bride / Part B's Name:	_____
	(First) (Middle) (Last/Maiden)
Date of Marriage:	_____

Please provide Contact Information:

Name: _____	
Address/City/State/Zip _____	
Phone: _____	Email: _____
Your Signature: _____	
Date of Request: _____	