



# TOWN CLERK

100 MIDDLE STREET  
HADLEY, MA 01035

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## APPLICATION FOR VITAL RECORD

*(Please print legibly)*

Please fill out and return this form, with a stamped self-addressed, business-letter sized envelope and a personal check or money order for \$10.00 for each record, to the address above. Make checks payable to the Town of Hadley.

**Submit a separate application for each type of record desired.**

Type of record requested: ☐ BIRTH ☐ MARRIAGE ☐ DEATH  
Number of copies: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Name of subject(s): \_\_\_\_\_  
(as they appear on record) first middle last

And: \_\_\_\_\_  
(for marriage records only) first middle last

Date of event: \_\_\_\_\_  
month day year

City or town of event: \_\_\_\_\_

Name of father: \_\_\_\_\_  
first middle last

Name of mother: \_\_\_\_\_  
first middle last

Spouse's name: \_\_\_\_\_  
(for death records only) first middle last

Other pertinent information: \_\_\_\_\_

Relationship of requestor to subject(s) named on record: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_  
month day year

Mail record to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_