



CITY CLERK'S OFFICE  
City of Gardner  
978-630-4058

### MAIL ORDER APPLICATION FOR VITAL RECORD

To order one or more certified copies of a vital record, please complete this form and return it with a **self-addressed, stamped envelope** and a check or money order made payable to the "City of Gardner" in the amount of **\$10** for each certified copy requested. Mail your request to:

City of Gardner  
City Clerk's Office Room 121  
95 Pleasant Street  
Gardner, MA 01440

#### MARRIAGE RECORD

NAME of PARTY A: \_\_\_\_\_

NAME of PARTY B: \_\_\_\_\_

DATE of MARRIAGE: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Enclosed:\$ \_\_\_\_\_

#### DEATH RECORD

NAME of DECEASED (maiden, if applicable): \_\_\_\_\_

SPOUSE'S NAME (maiden, if applicable): \_\_\_\_\_

DATE and PLACE OF DEATH: \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Amount Enclosed:\$ \_\_\_\_\_

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

Address: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date of Request \_\_\_\_\_

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

Email Address: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Mailed: \_\_\_\_\_