

Town of Salisbury, Massachusetts
Town Clerk



VITAL RECORDS REQUEST FORM BY MAIL

\$10.00 PER CERTIFIED COPY OF ANY VITAL RECORD
Please mail this form and a check payable to the "Town of Salisbury"

Send To: Town of Salisbury, Town Clerk's Office, 5 Beach Road, Salisbury, MA 01952

Please fill out your information below:

Name of Requestor: _____
Telephone Number: _____
Mailing Address: _____

BIRTH RECORD

NAME: _____
DATE OF BIRTH: _____
NUMBER OF COPIES: _____

MARRIAGE RECORD

NAME: _____
NAME: _____
DATE OF MARRIAGE: _____
NUMBER OF COPIES: _____

DEATH RECORD

NAME OF DECEASED: _____
DATE OF DEATH: _____
NUMBER OF COPIES: _____