

**CITY OF GARDNER  
CITY CLERK'S OFFICE ROOM 121  
GARDNER, MA 01440**

**MAIL ORDER APPLICATION FOR VITAL RECORD**

(please print legibly)

Please fill out and return this form to the above address, along with a **self-addressed, stamped envelope** and a check or money order for **\$10.00** for each record. Make checks payable to the City of Gardner. Please **DO NOT SEND CASH THROUGH THE MAIL**. If the date of event is unknown 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: _____	City or Town of Birth: _____	

**MARRIAGE RECORD**                      Number of copies:

PARTY A: _____		
(first)	(middle)	(last)
PARTY B: _____		
(first)	(middle)	(maiden)
Date of Marriage: _____	City or Town of Marriage: _____	

**DEATH RECORD**                      Number of copies:

Name of Deceased: _____		
(first)	(middle)	(maiden, if applicable)
Spouse's Name: _____		
(first)	(middle)	(maiden, if applicable)
Date of Death: _____	City or Town of Death: _____	

Mail record to: _____
Address: _____
City/State/Zip: _____
Your signature: _____
Date of Request: _____
Phone Number: _____
Email Address: _____



**CITY OF GARDNER  
MASSACHUSETTS 01440-2690  
OFFICE OF THE CITY CLERK**

**APPLICATION FOR VITAL RECORD OF PERSON BORN  
TO NON-MARITAL (OUT-OF-WEDLOCK) PARENTS**

ACCESS TO NON-MARITAL (OUT OF WEDLOCK) BIRTHS IS CLEARLY AND PRECISELY LIMITED BY MASSACHUSETTS GENERAL LAW, CHAPTER 46, §2A TO THE FOLLOWING:

- ❖ Subject of the record (child)
- ❖ Parents listed on the record
- ❖ Father not listed on the birth record with documentary proof that he is the father
- ❖ Legal Guardian of the child with documentary proof
- ❖ Legal representative of the child with documentary proof
- ❖ Government officials needing access for their official duties

WRITTEN APPLICATION IS REQUIRED TO OBTAIN A BIRTH RECORD UNDER THE ABOVE CONDITIONS. IDENTIFICATION IS REQUIRED. ANY OF THE FOLLOWING IS ACCEPTABLE:

- ✓ Picture Identification, or
- ✓ Two (2) or more non-picture ID's.

**PLEASE PRINT**

DATE OF APPLICATION \_\_\_\_\_

FULL NAME OF PERSON ON RECORD \_\_\_\_\_  
First Name Middle Name Last Name

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_  
Name of Hospital

FULL NAME OF FATHER \_\_\_\_\_  
First Name Middle Name Last Name

FULL MAIDEN NAME OF MOTHER \_\_\_\_\_  
First Name Middle Name Maiden Name

APPLICANT'S FULL NAME \_\_\_\_\_

APPLICANT'S MAILING ADDRESS \_\_\_\_\_

RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED \_\_\_\_\_

***SIGNATURE OF APPLICANT***

***DAYTIME PHONE***

PURPOSE FOR REQUESTED BIRTH RECORD \_\_\_\_\_  
State nature of the use of the Record (G.L. C.46, §19B)

**DO NOT WRITE BELOW THIS LINE**

IDENTIFICATION PRESENTED: \_\_\_\_\_

ISSUING AGENT (Signature of City Clerk or his/her Agent) \_\_\_\_\_