TOWN OF HOPEDALE

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 X215 Fax: 508-634-2200
Email: jjacarusohopedale@comcast.net

Town Clerk
Janet Orff Jacaruso

APPLICATION FOR VITAL RECORD

(Please print legibly)

Please fill out and return this form, along with a self-addressed, business sized envelope and a check or money order for $10.00 for each copy, to the address above. Make checks payable to the "Town of Hopedale". Submit a separate application for each type of record desired.

Type of record requested: ☐ BIRTH ☐ MARRIAGE ☐ DEATH
(Check one)

Number of copies:_____@ $10.00 each Amount enclosed:$_____

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

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

Your Signature:_____

Date:_____

Mail record to: Name_____

Address_____

_____