



# TOWN OF HOPEDALE

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

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**Town Clerk**  
Lisa Pedroli

Email: [lpedroli@hopedale-ma.gov](mailto:lpedroli@hopedale-ma.gov)

## 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 \_\_\_\_\_

\_\_\_\_\_