



**TOWN OF BELMONT**  
TOWN CLERK'S OFFICE  
455 CONCORD AVENUE  
BELMONT, MASSACHUSETTS 02478

ELLEN O'BRIEN CUSHMAN  
TOWN CLERK

TEL. (617) 993-2603  
FAX (617) 993-2601

**REQUEST FOR CERTIFIED CERTIFICATE OF VITAL RECORDS  
FROM THE TOWN OF BELMONT**

I request certificate(s) of the following Vital Records in possession of the Belmont Town Clerk:

**BIRTH CERTIFICATE OF** \_\_\_\_\_  
(Name at birth)  
Quantity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (if known)

**BIRTH CERTIFICATE OF** \_\_\_\_\_  
(Name birth)  
Quantity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (if known)

**MARRIAGE CERTIFICATE OF** \_\_\_\_\_ **AND** \_\_\_\_\_  
(Name before marriage)  
\_\_\_\_\_  
(Name before marriage)  
Quantity: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ (if known)

**MARRIAGE CERTIFICATE OF** \_\_\_\_\_ **AND** \_\_\_\_\_  
(Name before marriage)  
\_\_\_\_\_  
(Name before marriage)  
Quantity: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ (if known)

**DEATH CERTIFICATE OF** \_\_\_\_\_  
(Name)  
Quantity: \_\_\_\_\_ Date of Death: \_\_\_\_\_ (if known)

**DEATH CERTIFICATE OF** \_\_\_\_\_  
(Name)  
Quantity: \_\_\_\_\_ Date of Death: \_\_\_\_\_ (if known)

**Requestor Contact Information**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fee for certified copies: \$20 per certificate. Include a check, payable to **Town of Belmont**, and a self-addressed, stamped envelope with this request. Mail to:

Belmont Town Clerk  
455 Concord Ave  
Belmont, MA 02478

Questions? Call 617-993-2603 or email [www.TownClerk@belmont-ma.gov](mailto:www.TownClerk@belmont-ma.gov)

Please note: Certificates are typically mailed within two days of receipt of the request when accompanied by payment.