



**TOWN OF BECKET**  
**Office of the Town Clerk**  
557 Main Street, Becket, MA 01223  
PHONE – (413) 623-8934  
FAX – (413) 623-6036

**REQUEST FOR VITAL RECORD**

This office has vital records for the Town of Becket from 1765 to the present. In order to request a birth, death, or marriage certificate, please fill in the appropriate section below and **send this form, together with a check (payable to *Town of Becket*) for \$5.00 for each certificate requested and a stamped self-addressed envelope**, to the address above. Fill in your name and address at the bottom of this sheet. If the record is restricted (i.e., *parents were not married at time of birth, father not named, or in a marriage, if any parents were not married at the time of the bride or groom's birth*), please send a photocopy of your driver's license, since only those named on the certificate have a right to said document.

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**I WISH TO REQUEST A BIRTH CERTIFICATE FOR:** \_\_\_\_\_,  
(Name of Child)

**WHO WAS BORN IN THE TOWN OF BECKET ON:** \_\_\_\_\_.  
(Date)

NAME OF FATHER (IF KNOWN) : \_\_\_\_\_  
NAME OF MOTHER (IF KNOWN): \_\_\_\_\_

I WOULD LIKE \_\_\_\_\_ COPY/COPIES OF SAID DOCUMENT.  
(Number of Copies)

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**I WISH TO REQUEST A DEATH CERTIFICATE FOR:** \_\_\_\_\_,  
(Name of Decedent)

**WHO DIED IN THE TOWN OF BECKET ON:** \_\_\_\_\_.  
(Date of Death)

NAME OF FATHER (IF KNOWN) : \_\_\_\_\_  
NAME OF MOTHER (IF KNOWN): \_\_\_\_\_

I WOULD LIKE \_\_\_\_\_ COPY/COPIES OF SAID DOCUMENT.  
(Number of Copies)

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**I WISH TO REQUEST A MARRIAGE CERTIFICATE FOR:** \_\_\_\_\_,  
(Groom's Name)

and \_\_\_\_\_ who were married on: \_\_\_\_\_  
(Bride's Name) (Date)

I WOULD LIKE \_\_\_\_\_ COPY/COPIES OF SAID DOCUMENT.  
(Number of Copies)

**NOTE: Marriages are recorded where the bride and groom applied for their license NOT where they got married.**

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Please mail above to me: Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_