

Town of Tisbury
Vital Records Request Form

NAME _____

MAILING ADDRESS _____

TYPE OF RECORDS REQUESTED: Birth Death Marriage (circle choice)

NAME OF PERSON ON RECORD _____

DATE OF EVENT _____

Copies requested _____ X \$5.00 each = _____

Amount enclosed = \$ _____

INSTRUCTIONS

Print the form, fill it out, and send to the Town Clerk with \$5.00 for each copy requested.

Please enclose a Self Addressed, Stamped Envelope.

Please mail to:

Tisbury Town Clerk

P.O. Box 606

Vineyard Haven, Ma. 02568

If you have questions, Please call 508 696-4215