

**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 \$10.00 each = \_\_\_\_\_

Amount enclosed = \$ \_\_\_\_\_

-----

**INSTRUCTIONS**

Print the form, fill it out, and send to the Town Clerk with \$10.00 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