

Town of Wayland  
Town Clerk's Office  
41 Cochituate Road  
Wayland, Massachusetts 01778  
508-358-3630/508-358-3631

APPLICATION FOR VITAL RECORDS

(Please Print)

To receive a certified copy of a vital record, please complete and return this application to the above address with a stamped, self-addressed envelope, if you want the certificates mailed, and a check in the amount of \$10 for each record requested.

Checks may be made payable to: Town of Wayland. No credit or debit cards accepted.

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

Date of Birth \_\_\_\_\_ Number of copies \_\_\_\_\_

MARRIAGE: Party A or Groom \_\_\_\_\_

Party B or Bride \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Number of copies \_\_\_\_\_

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

Date of Death \_\_\_\_\_ Number of copies \_\_\_\_\_

If you would like the certificates mailed, you must include a stamped self-addressed envelope.

(A self addressed stamped envelope is not necessary if you are picking the certificates up. We will call when the certificates are ready.)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of request: \_\_\_\_\_

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Date Processed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_