Vital Records Order Form

(Please Print This Completed Form and Mail to City Clerk's Office)

Please check the type of record that you are requesting (Please use 1 form for each record you are requesting).

☐ BIRTH ☐ DEATH ☐ MARRIAGE

Name on Record being Requested (Include maiden name if applicable):

_____

Date of Event (Birth, Marriage or Death)

_____

Births and Marriages often require a Photo ID. Please include a photocopy of yours if requesting such a record for either yourself or your child.

Please supply your day time telephone number so that we can contact you with any questions we may have while processing your request. _____

Full Certificate (Full Record with all Pertinent Information) ☐ $15.00

Please make your check or money order in the appropriate amount payable to City of New Bedford. Enclose your check, this completed order form, a photo copy of your ID, and a self-addressed, stamped return envelope to:

City Clerk, Vital Records Dept.
City Hall, Room 118
133 William St.
New Bedford, MA 02740

Please call or email the City Clerk's Office with any questions you may have at 508.979.1450 between the hours of 8am and 4pm, M-F. To contact us via email, please use Elizabeth.Marques@newbedford-ma.gov.