

MARRIAGE CERTIFICATE REQUEST FORM

Please print out this form and return to:

Plainville Town Clerk
P.O. Box 1717
Plainville MA 02762

Request submitted through the mail will be processed on the date they are received.

Full name of Party A:

| First | Middle | Last |
|-------|--------|------|
|-------|--------|------|

Full name of Party B:

| First | Middle | Last |
|-------|--------|------|
|-------|--------|------|

Date of Marriage:

| Month | Day | Year |
|-------|-----|------|
|-------|-----|------|

Place of Marriage:

Signature of Requester

Daytime telephone number

| Area Code | Number |
|-----------|--------|
|-----------|--------|

Fee is \$10.00 per copy.

Make check payable to Town of Plainville.

Include a self-addressed envelope.