

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.