## City Clerk City of Pittsfield 70 Allen Street, Pittsfield, MA 01201 (413) 499-9361

Please fill out and return this form to the address above, along with a photocopy of your ID, *a stamped, self-addressed, business-sized envelope* and a check or money order for \$10.00 per copy requested. Make checks payable to The City of Pittsfield. **DO NOT SEND CASH THROUGH THE MAIL**. If the date of record is unknown, please provide us with a ten-year period that you would like us to search.

BIRTH RECORD	Number of copies:			
NI (C. Istani				
Name of Subject	(First)	(Middle)	(Last)	
Date of Birth:				
7 d / XT				
Father's Name	(First)	(Middle)	(Last)	
Mathar's Nama				
Mother's Name	(First)	(Middle)	(Last/Maiden)	
MARRIAGE RECORD	Number of copies:			
Croom / Party A's Nam		_	<del></del>	
Groom/Party A's Nam	(First)	(Middle)	(Last)	
Buida/Party R's Name				
bride/ Party b's Name _	(First)	(Middle)	(Last/Maiden)	
Date of Marriage:				
DEATH RECORD	Number of copies:			
Name of Deceased				
Trume of Deceases.	(First)	(Middle)	(Last)	
Date of Death:		Date of Birth (if known):		
Father's Name				
Fauler S Ivaine	(First)	(Middle)	(Last)	
Mother's Name				
Mother Savanic	(First)	(Middle)	(Last/Maiden)	
Please provide contact	information:			
Name:				
Address/City/State/Zi				
-	<u>ıp:</u>	T 4.		
Phone:		Email:		
Your Signature:				

Date of Request: