

**Town of Brewster
Vital Request Form**

All certificates are **\$10.00 each**. Please make checks payable to the **Town of Brewster**.

**Please include a self-addressed stamped envelope.

Mail your request to:

Town Clerk's Office
2198 Main Street
Brewster, MA 02631

Form	Please Check Box	Number Requested	Total Amount Enclosed
Birth Record			
Death Record			
Marriage Record			

Name on certificate: _____

Date of event: _____

Phone Number: _____ *(if we have any questions)*

To whom should the call be directed: _____

If you have any questions please do not hesitate to contact us. 508-896-4506

If the record is considered to be sealed then a copy of your license needs to be provided.

Certificates will be mailed out in the addressed envelope sent in with the request on the day of receipt.

Thank you.
Colette M. Williams
CMC/CMMC
Town Clerk
Brewster, MA