



**TOWN OF NANTUCKET**  
**TOWN CLERK**  
16 Broad Street, Nantucket, MA 02554  
Ph 508-228-7216 Fx 508-325-5313  
[townclerk@nantucket-ma.gov](mailto:townclerk@nantucket-ma.gov)

<b>BIRTH RECORD</b>	Number of Copies:
Name of Subject:	
Date of Birth:	
Mother's Name:	
Father's Name:	
<i>Restricted Records: If the mother was not married when the child was born, only the child and the mother may obtain this record. Requestor of a restricted record must include a copy of a photo-ID.</i>	

<b>MARRIAGE RECORD</b>	Number of Copies:
Party A Name:	
Party B Name:	
Date of Marriage:	

<b>DEATH RECORD</b>	Number of Copies:
Name of Deceased:	
Date of Death:	
Father's Name:	
Mother's Name:	

Relationship of Requestor to subject(s) named on record:	
<b>Mail Record to (Name):</b>	
Address:	
City/State/Zip:	
Your signature:	Date of Request:

**Mail this form** along with a check (\$15/copy) payable to Town of Nantucket; **self-addressed, stamped envelope to: Town Clerk, 16 Broad St., Nantucket, MA 02554**