

REQUEST FOR A CERTIFIED COPY OF A MARRIAGE CERTIFICATE

OFFICE USE ONLY

Date Rc _____ Ck or MO \$ _____ MAIL or TRUCK # of Copies _____ Rec# _____ / _____
Return Env YES or NO ID Included YES or NO Staff _____ Date Mailed _____

WHAT TO INCLUDE IN YOUR REQUEST

REQUEST

Completed Request Form including original ink signature.

ID

A photocopy of your Identification (Driver's License, State ID, Passport)

PAYMENT

Certificates cost **\$14.00** per copy when ordered through the mail.

Requests for **records prior to 1870 require an additional \$10 research fee** on a separate check, and this fee is not refundable.

Payment may be made in check or money order payable to "City of Boston."

RETURN

Please include a self-addressed stamped envelope.

Registry - Marriage
One City Hall Square
Room 213
Boston, MA 02201

If one of the spouses' parents were not married at the time of the spouses' birth, then the record is restricted. **ONLY** those listed on the marriage certificate can request a copy and identification will be required to obtain the record.

If we do not have the record we will call and/or return the check in the self-addressed stamped envelope that you have included with your request.

REQUIRED INFORMATION

NUMBER OF COPIES: _____ **DATE OF MARRIAGE:** _____
Month/Day/Year

PARTY A FULL NAME: _____ **MAIDEN NAME IF APPLICABLE:** _____

PARTY B FULL NAME: _____ **MAIDEN NAME IF APPLICABLE:** _____

PERSON REQUESTING THE CERTIFICATE: _____

RELATIONSHIP OF REQUESTOR TO SUBJECT NAMED ON RECORD: _____

DAYTIME TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

SIGNATURE OF REQUESTOR: _____

RETURN MAILING ADDRESS: _____

The Registry Division is open weekdays from 9 a.m.- 4 p.m. except holidays | boston.gov/registry | 617-635-4175



City of Boston



Registry: Birth,
Death, and Marriage