

Town of Douglas

29 Depot Street ~ Douglas, MA 01516
508.476.4000 ext. 355 ~ Fax: 508.476.4012
TTY: 508.476.1619

Christine E.G. Furno, CMC/CMMC
Town Clerk



Eileen F. Damore
Asst. Town Clerk

Please fill in the requested information below and mail to the Town Clerk's Office.

NAME OF PERSON ON RECORD: _____

DATE OF EVENT: _____

TYPE OF RECORD: ___ BIRTH ___ MARRIAGE ___ DEATH

OF COPIES REQUESTED ___ @ \$5.00 PER CERTIFIED COPY

Please either call in your request or fill out the Vitals request form and mail to the Town Clerk's Office with a return address and check/money order payable to the Town of Douglas.

If you would like to pick up your request, please provide your telephone number and you will be called when the record is ready.

If you are requesting genealogy, please provide as much information as possible.

Name and address of person making request: _____

Phone Number: _____