

Marriage Certificate Request Form

Please print out this form and return to:

Town Clerk
30 Providence Road
Grafton, MA 01519

Requests submitted through the mail will be processed on the date they are received.

Full Name – Party A

First	Middle	Last
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Full Name – Party B

First	Middle	Last
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Date of this Marriage

Month	Day	Year
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Place of Marriage _____

Signature of Requester _____

Daytime telephone number _____

Area Code	Number
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Fee is \$5.00 per copy.
Make check payable to **Town of Grafton**
Include a self-addressed stamped envelope.