Marriage Certificate Request

Please print out this form and return to:

Town of Adams – Town Clerk 8 Park Street Adams, MA 01220

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

Full name of Groom/Spouse 1:

First	Middle	Last
ull name of Bride/Spouse 2	:	
First	Middle	Last
ate of this Marriage:		
Month	Day	Year
xact Location of this Marri	age:	
Church, Synagogue, etc. City or Town		
ignature of Requestor:		
aytime Telephone Number	:	
Area Code	Number	
eturn Mailing Address:		
	e in cash, money order, certified ban 10.00 each; please enclose a self-ad	

- Make money order or checks payable to "Town of Adams".
- **NOTE:** Please enclose a copy of your driver's license.