



**Town of Hull  
Commonwealth of Massachusetts**

*Office of the Town Clerk  
781-925-2000*

*Lori West, Town Clerk*

**ORDER FORM FOR CERTIFIED COPIES OF VITAL RECORDS**

**To expedite your order, please complete this form and email it to:**  
[townclerk@town.hull.ma.us](mailto:townclerk@town.hull.ma.us)

**If requesting by mail, please include a self-addressed, stamped envelope to:**  
**Hull Town Clerk's Office  
253 Atlantic Ave  
Hull MA 02045**

**\$10.00 PER COPY (CASH - CHECK OR CREDIT)**

TYPE OF RECORD \_\_\_\_\_  
(birth, death, or marriage)

NUMBER OF COPIES \_\_\_\_\_

NAME (S) ON RECORD \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_  
(Example: Date of Birth)

NAME, ADDRESS, AND PHONE NUMBER OF PERSON REQUESTING CERTIFIED COPY

\_\_\_\_\_

\_\_\_\_\_

***For Office use only:***

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Further comments below:

\*For Restricted records, photo ID is required. Please include a copy or send copy/photo to [lwest@town.hull.ma.us](mailto:lwest@town.hull.ma.us) or fax to 781-925-0224