



Kristin J. Foote
City Clerk

562 Main Street
Melrose, Massachusetts 02176
Telephone - (781) 979-4113
Fax - (781) 979-4149

Vital Record Amendment Worksheet

To request an amendment to a vital record, please complete sections #1 - #7 below and email your completed form to clerks@cityofmelrose.org. Our office will provide you with the type of *non-returnable certified* documents that will be required to submit to the State as evidence prior to scheduling an appointment. There is a \$50 fee.

1	Select Amendment Type	Type of evidence required by State (Info to be provided by City Clerk Staff)
	<input type="checkbox"/> Birth Certificate	
	<input type="checkbox"/> Death Certificate	
	<input type="checkbox"/> Marriage Certificate	
	Appointment Date & Time:	
	Deposition #:	
2	Name of Person Requesting:	
3	Phone Number:	
4	Email Address:	
5	Full Name on Record to be Amended:	
6	Date of Event:	

Changes requested to be made:

7	Current Information on Vital Record <i>Prior to Amendment:</i>	New Information to Appear on Vital Record <i>after Amendment:</i>