



Haverhill

City Clerk's Office, Room 118
Phone: 978-420-3623 Fax: 978-373-8490
cityclerk@cityofhaverhill.com

GENEALOGY REQUEST

Date of Request: _____

Amount Paid: _____

An initial search of our record costs **\$10** in-person or **\$15** by mail. The fee includes a certified copy of the 1st record, if any records are found. The search fee **MUST** be paid up front and is **non-refundable**. Any other records requiring certified copies found during the search must be paid for prior to the preparation of the record. The fee for any additional record is \$10 in-person or \$15 by mail.

Requestor's Name: _____

Phone Number: _____ Email: _____

Address: _____ City/State/Zipcode: _____

If any/all records are found, what method would you like to receive these records? **Mail** **In-Person**

Please select the type of information you are looking for:

Dates Only Confirmation that Record Exists Certified Copy of Actual Record (see fees above)

Other: (Please specify : _____)

Please provide as much information as is known to assist us in an expedited search. We are able to search our records for Births, Deaths, and Marriages.

Type of Record Date of Record Name on Record Parents Names/Spouses Names
