



Haverhill

City Clerk's Office, Room 118
Phone: 978-374-2312 Fax: 978-373-8490
cityclerk@cityofhaverhill.com

GENEALOGY REQUEST

Date of Request _____

Amount paid _____

An initial search of our records cost \$10 in person, or \$15 by mail and includes the 1st record, if any are found. The fee **MUST** be paid up front and is non-refundable. Any other records found must be paid for in advance of their preparation. Only pay up front for the records that you know we have.

Requestor's Name: _____

Phone Number: _____ Email: _____

Address: _____ City/State/Zip _____

If any/all records are found, how 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 Copy of Actual Record

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

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____