

Vital Record

Instructions

1. Type or print all information clearly
2. Payment by check or money order
3. Certified copies cost \$10.00 each
4. Sign and date this application and return it to: PO Box 225 Center Rutland, VT. 05736

Type of record (Circle one) Birth Death Marriage

Name on Certificate: _____

Date of Event: _____

Marriage:

Groom Name _____ Date of Birth _____

Bride Name _____ Date of Birth _____

Birth:

Maiden Name of Mother _____

Name of Father _____

Death:

Age at death _____ Date of Birth _____

City & State of Birth _____

Name of Spouse _____

Applicant

Information: Name _____

Address _____

Phone _____

Your relationship to the person on the Certificate _____

Intended Use of the certificate _____

Signature _____ Date _____