

APPLICATION FOR A VITAL RECORD

INSTRUCTIONS:

1. Type or print all information clearly
2. Payment may be in the form of cash, check, or money order
3. The cost for certified copies is \$10.00
4. Sign and date this completed application and return it to: Fairlee Town Clerk,
P.O. Box 95, Fairlee, VT 05045

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RECORD REQUESTED (Circle one)

Birth	Death	Marriage (thru 8/31/09)
Civil Union(thru 8/31/09)		Civil Marriage (starting 9/1/09)

Name on Certificate _____

Date of Event _____

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MARRIAGE/CIVIL UNION/CIVIL MARRIAGE:

Groom: Name _____ Date of Birth _____

Bride: Name _____ Date of Birth _____

----OR----

Applicant A: Name _____ Date of Birth _____

Applicant B: Name _____ Date of Birth _____

BIRTH:

Maiden name of Mother _____ Name of Father _____

DEATH:

Age at Death _____ Date of Birth _____

City and State of Birth _____ Name of Spouse _____

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APPLICANT INFORMATION:

Name _____ Phone _____

Address _____

Your relationship to the person on the certificate _____

Intended use of the certificate _____

SIGNATURE _____ DATE _____

