

APPLICATION FOR A VITAL RECORD

INSTRUCTIONS:

1. Save to your computer to fill out electronically or print clearly please.
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 (Choose 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 _____