

APPLICATION FOR A VITAL RECORD

Certified copies cost \$10.00 each
Cash or checks accepted, payable to *Town of Dummerston*

Instructions for requesting a vital record by mail:
Complete form, enclose form, self-addressed stamped envelope and fee.
Mail to: *Town of Dummerston*
1523 Middle Rd
E Dummerston VT 05346

RECORD REQUESTED

Type of Record (Circle One)

Birth

Marriage

Civil Union

Death

Name on Certificate _____

Date of Birth, Marriage, Civil Union or Death _____

APPLICANT INFORMATION:

NAME: _____

Address _____

Phone: _____

Your Relationship to Person on the Certificate: _____

Intended Use of the Certificate: _____

PROOF OF IDENTIFICATION: Drivers License # _____ State: _____

SIGNATURE: _____ **DATE:** _____

Completed by: _____ Certificate Number _____ Mailed: _____