

APPLICATION FOR A VITAL RECORD

Certified copies cost \$10.00 each

Cash or checks accepted

Please make checks payable to *Brattleboro Town Clerk*

Mail to : 230 Main St. Ste 108
Brattleboro VT 05301

RECORD REQUESTED

Type of Record

Marriage

Civil Union

Name(s) on Certificate: _____

Date of Marriage or Civil Union: _____

APPLICANT INFORMATION:

Name: _____

Address: _____

Phone: _____

Your Relationship to person on the Certificate:

Intended Use of the Certificate: replace ID Insurance

Retirement Travel Divorce Other: _____

SIGNATURE: _____

DATE: _____