



Town Clerk/Treasurer's Office  
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## GENEALOGY SEARCH REQUEST FORM

*for Morristown/Morrisville Vermont*

Request for **RESEARCH ONLY**. Complete the *Vital Records Request Form* from the Town website if you require copies. Please print off this form and mail, email or fax it to the address listed above.

#	Name at time of Event	Date of Event (if known) (mm/dd/yyyy)	Document Type (choose one)	Mother's Name (Maiden)	Father's Name
1			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
2			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
3			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
4			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
5			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
6			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
7			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		
8			<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage		

Special instructions or additional information: \_\_\_\_\_

\_\_\_\_\_

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Office Use:**

Record found: Book \_\_\_\_\_ Page \_\_\_\_\_ Date responded to request: \_\_\_\_\_ Processed by: \_\_\_\_\_