



Town Clerk/Treasurer's Office
PO Box 748
Morrisville, VT 05661

802-888-6370
Fax 802-888-6375
shaskins@morristownvt.org

APPLICATION FOR A VITAL RECORD

1. Type or print all information clearly. Please use **one** form per request and return with payment to the above address.
2. **Certified copies with raised seal are \$10.00 each.**
3. Non-certified/**informational** copies without raised seal are \$2.00 each. (genealogy purposes only)
4. **Shipping and handling** fees are \$1.00.
5. Mail completed form with a **check or money order** for fees plus shipping and handling made payable to the **Town of Morristown**. If you would like to pay by **credit/debit card** contact us at the above phone number.

RECORD REQUESTED: (Circle one) **Birth** **Marriage** **Civil Union** **Death**

Number of copies: _____ Informational (\$2.00) _____ Certified (\$10.00)

BIRTH Certificate Information:

Date of Birth: _____

Name on Certificate: _____

CIVIL MARRIAGE Certificate Information:

Date of Marriage: _____

Party A's (Maiden) Name: _____

Party B's (Maiden) Name: _____

DEATH Information:

Date of Death: _____

Name on Certificate: _____

APPLICANT INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your relationship to the person on the certificate _____

Signature: _____ **Date:** _____

Office Use: Number of Certificates/Types: _____ Date sent: _____ Processed By: _____
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