

# APPLICATION FOR A VITAL RECORD

Certified copies cost \$7.00 each

Cash or checks accepted

Please make checks payable to Benson Town Clerk

Instructions for requesting a vital record by mail:

Print this form and complete. Please write clearly.

Enclose form, self-addressed stamped envelope and fee.

Mail To:

Benson Town Clerk's Office

P.O. Box 163

Benson, VT 05731-0163

## RECORD REQUESTED

Type of Record (Circle One)

Birth    Marriage    Civil Union    Death

Name(s) 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:

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_