

APPLICATION FOR A VITAL RECORD

Certified copies cost \$10.00 each

Cash or checks accepted

Please make checks payable to Town of Benson

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: _____