



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

802-888-6370
Fax 802-888-6375
mawilson@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. Include a **self addressed stamped** business envelope to return copies.
3. Please send a **check or money order** made payable to the **Town of Morristown**. If you would like to pay by **credit/debit card** contact us at the above phone number.
4. **Certified copy** with raised seal are \$10.00. Non-certified/informational copies are \$2.00.

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

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

Name on Certificate: _____ Date of Event: _____

BIRTH Information:

Mother's Maiden Name: _____

Father's Name: _____

MARRIAGE Information:

Groom's Name: _____

Bride's Maiden Name: _____

CIVIL UNION Information:

Party A's Name _____

Party B's Name _____

APPLICANT INFORMATION:

Name: _____

Address: _____

Phone: _____ Email: _____

Your relationship to the person on the certificate _____

Signature: _____ Date: _____

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