



Vital Records Order Form

Please check which certificate you are requesting and complete this form including first, middle and last names of those listed on the record. We require proof of applicant's identity (picture ID upon payment).

- Birth Certificate
- Death Certificate
- Marriage Certificate

Full Name(s) on Record: marriage _____
requests require Party A & Party B names

Date on Record: _____

Number of Copies: _____

Mother's Name: birth requests only _____

Father's Name: birth requests only _____

Applicant Name: _____

Applicant Address: _____

Applicant's Phone Number: _____

Indicate your Relationship to the person on the requested record:

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Registered Domestic Partner	
<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	<input type="checkbox"/> Descendant
<input type="checkbox"/> Attorney of person on record	<input type="checkbox"/> Genealogist ID #	
<input type="checkbox"/> Other:		

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Date: _____

- FOR TOWN USE ONLY -

Proof of Applicant's Identity: _____

Safety Paper Numbers: _____

Clerk's Office Staff who processed request: _____

PRICING FOR REQUESTING CERTIFIED COPIES OF VITAL RECORDS:
\$15.00 for 1st copy or single copy
\$6.00 for each additional copy when purchasing multiple at the same time