

APPLICATION FOR A VITAL RECORD

INSTRUCTIONS:

Type or print all documents clearly

Payment should be by check or money order (or cash if in person) DO NOT MAIL CASH

Certified copies cost \$10.00 each

Sign and date this application and return it to: Williston Town Clerk
7900 Williston Road
Williston, VT 05495

RECORD REQUESTED

TYPE OF RECORD (Circle One) BIRTH DEATH MARRIAGE CIVIL UNION

Name on Certificate: _____

Date of Event: _____

Fill out only the section below for the type of record you are requesting

MARRIAGE:

Groom: Name _____ Date of Birth: _____

Bride: Name _____ Date of Birth: _____

CIVIL UNION:

Party A: Name _____ Date of Birth: _____

Party B: Name _____ Date of Birth: _____

BIRTH:

Maiden Name of Mother: _____ Name of Father: _____

DEATH:

Age at Death: _____ Date of Birth: _____

City and State of Birth: _____ Name of Spouse: _____

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____

Your Relationship to the Person on the Certificate: _____

Intended Use of the Certificate: _____

Signature: _____ Date: _____