



## 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:

Parent's Name: birth requests only

Parent'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"/> Attorney of person on record	<input type="checkbox"/> Descendant
<input type="checkbox"/> Other:	<input type="checkbox"/> Genealogist ID #

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: ☐ DAVE ☐ Non-DAVE Numbers:

Clerk's Office Staff who processed request:

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