

TOWN OF NORTH HERO
 PO BOX 38
 NORTH HERO, VT 05474

APPLICATION FOR CERTIFIED COPY OF VITAL RECORDS

Individual Requesting the Certificate

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Email Address: _____
 Relationship to person on certificate: _____

Certificate Information

Event: (check one) Birth Death Marriage Sex: Male Female

Name on Certificate: _____

Date of Event: _____ Town/City of Event: _____

Maiden Name of Mother: _____

Name of Father: _____

Name of Spouse: _____

Other Useful Information: _____

Copies and Payment

Number of Copies Desired:

_____ Certified Copy with Seal (\$10 each).

Amount Enclosed: \$ _____

- Cash
 Check
 Money Order

Vital records fees are defined in 32 V.S.A. § 1715.

Make checks or money orders (U.S. funds) payable to the Town of North Hero. Mail your payment with this form and a self-addressed stamped envelope to the address shown above.