REQUEST FOR CERTIFIED COPY OF A MARRIAGE/CIVIL UNION

Individual Requesting the Certificate

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Email Address:** _____

Certificate Information

Event: ☐ Marriage ☐ Civil Union

NAMES ON CERTIFICATE	PERSON A		PERSON B	
Name *(First, Last)*:	*First*	*Last*	*First*	*Last*
Birthplace *(City/Town, State)*:				
Parent 1 Name *(Original/Maiden)*:				
Parent 2 Name *(Original/Maiden)*:				

EVENT	Date	Town/City
Marriage		
Civil Union		

Signature: _____ Date: _____

Copies and Payment -- *Each certified copy with seal is $10.00*

☐ Marriage ____ **Number of Copies @ $10:** _____

☐ Divorce ____ **Number of Copies @ $10:** _____

Amount Enclosed: _____

Method of payment: ☐ Cash ☐ Check ☐ Money Order

For Clerk Use: Certified Paper Number: _____ Date Issued: _____

Vital records fees are defined in 32 V.S.A. § 1715. Checks or money orders are payable to the "Town of Alburgh." You can mail your payment with this form to 1 North Main St Alburgh, VT 05440, visit the office in person, or pay online at http://www.alburghvt.org