

TOWN OF SABATTUS

Application for a Certified Copy of a Vital Record

\$15.00 for 1st copy, \$6.00 for additional copies of same record,

Please fill in the information in the appropriate box for the requested record

Birth Record

Full Name of Child _____

Applicants Name & Address _____

Number of copies requested # _____

Date of Birth ____/____/____

Place of Birth _____

Parent's Full Name –Mother's Maiden _____

Parent's Full Name _____

Death Record

Full Name of Decedent _____

Applicants Name & Address _____

Number of copies requested # _____

Date of Death ____/____/____

Place of Death _____

Marriage Record

Full Name of Groom/Spouse _____

Full Maiden Name of Bride/Spouse _____

Number of copies requested # _____

Applicants Name & Address _____

Date of Marriage ____/____/____

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

Applicant Signature: _____ Today's Date: _____

Below line is for Clerk's use only

Proof of identity of applicant:

Applicant must provide one of these:

☐ Driver's License

☐ Passport

☐ Government issued picture I.D

OR two of these:

☐ Utility bills

☐ Letter from government agency

☐ License/rental agreement

☐ Bank statements

requesting record (DHHS, WIC)

☐ Pay stub

☐ Vehicle registration

☐ Department of Corrections I.D.

☐ W-2

☐ Income tax return

☐ Social Security Card

☐ Voter Registration card/

☐ Personal Check w/ address

☐ DD 214

☐ Disability award from SSA

☐ A previously issued vital record

☐ Hospital; birth worksheet

☐ Other _____

Establishing eligibility to acquire record:

☐ Related applicants must provide proof of lineage.

☐ Domestic Partners must provide proof of registration of domestic partnership

☐ Attorneys must provide a signed, notarized release from family

☐ Genealogists must provide a state-issued card

Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials: _____