

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:

- | | | |
|---|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government issued picture I.D |
| <input type="checkbox"/> Utility bills | <u>OR two of these:</u> | |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Department of Corrections I.D. | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> DD 214 | <input type="checkbox"/> Voter Registration card/ |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> Hospital; birth worksheet | <input type="checkbox"/> Disability award from SSA |
| | | <input type="checkbox"/> 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: _____