

# TOWN OF CORINTH



PO Box 461, 1387 Cookeville Rd. Corinth, Vermont 05039

802-439-5850 (Phone & Fax)

Nancy Ertle  
Town Clerk

Susan L. Fortunati  
Treasurer

## APPLICATION FOR A VITAL RECORD

### Instructions:

1. Type or print all documents clearly
2. Payment should be by check or money order made payable to Town of Corinth
3. Certified copies cost \$10.00 each

Type of Record you are requesting: (check one) Birth \_\_\_\_\_ Marriage \_\_\_\_\_ Death \_\_\_\_\_

Name on Certificate: \_\_\_\_\_ Date of Event \_\_\_\_\_

### COMPLETE FOR **BIRTH** RECORD REQUEST ONLY

Maiden Name of Mother: \_\_\_\_\_ Father's Name: \_\_\_\_\_

### COMPLETE FOR **MARRIAGE** RECORD REQUEST ONLY

Groom: Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bride: Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### COMPLETE FOR **DEATH** RECORD REQUEST ONLY

Age at Death: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

### PLEASE COMPLETE ALL OF THIS APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your Relationship to the Person on the Certificate: \_\_\_\_\_

Intended Use of the Certificate \_\_\_\_\_

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

File: Vital Record Application -rev.06/09

Office Hours:  
Monday 8:00 am ~ 4:00 pm; Tuesday 8:00 am ~ 6:00 pm;  
Thursday 9:00 am ~ 3:00 pm and First Sat. of month 10:00 am ~ 12:00 pm  
Closed ~ Wednesday & Federal Holidays