

Mayor: Elizabeth Gamache  
Ward 1: Timothy Hawkins  
Ward 2: James Pelkey  
Ward 3: Tammi DiFranco  
Ward 4: Scott Corrigan



Ward 5: Ryan Doyle  
Ward 6: Chad Spooner  
Clerk/Treasurer: Susan Krupp  
City Manager: Dominic Cloud

**Application for a Vital Record**

Instructions:

Type or print all information clearly.  
Payment should be made by bank check or money order.  
Certified copies are \$10.00, uncertified copies are \$2.00.  
Mail application with fee to:

City of St. Albans  
Attn: City Clerk's Office  
100 North Main Street  
St. Albans, VT 05478

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Type of Record (Circle One)                      Birth                      Death                      Marriage                      Civil Union

Name on Certificate: \_\_\_\_\_

Date of Event: \_\_\_\_\_

**Fill out the section below for the type of record you are requesting**

Birth:

Father's Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Marriage:

Groom's Name \_\_\_\_\_

Bride's Name \_\_\_\_\_

Civil Union:

Party A's Name \_\_\_\_\_

Party B's Name \_\_\_\_\_

**Applicant's Information**

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

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_