

TOWN OF BRISTOL
APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD

(Raised seal on state issued safety paper)

FEE: \$15 first copy; \$6 each additional copy
\$2 for non-certified copy (photocopy on white paper)

Make checks payable to: Town of Bristol
Please include a self-addressed, stamped envelope.

DATE REQUESTED: _____

NAME OF PERSON REQUESTING RECORD: _____

ADDRESS & PHONE: _____

RELATIONSHIP TO PERSON ON RECORD: _____

SIGNATURE: _____

Please fill in the appropriate information below for the record(s) you are requesting.

BIRTH RECORD

of copies requested: _____

BIRTH NAME: _____

BIRTH DATE: _____ BIRTH PLACE: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

MARRIAGE RECORD

of copies requested: _____

APPLICANT 1: _____

APPLICANT 2: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DEATH RECORD

of copies requested: _____

NAME OF DECEDENT: _____

DATE OF DEATH: _____

FOR OFFICE USE:

Document(s) seen for proof of identity _____

Safety Paper # _____