

**TOWN OF BRISTOL**  
**APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD**

**FEE:** \$15 first copy; \$6 each additional copy (raised seal on state issued safety paper)  
\$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: \_\_\_\_\_

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**MARRIAGE RECORD** # of copies requested: \_\_\_\_\_

APPLICANT 1: \_\_\_\_\_

APPLICANT 2: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

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**DEATH RECORD** # of copies requested: \_\_\_\_\_

NAME OF DECEDENT: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

FOR OFFICE USE:

Document(s) seen for proof of identity \_\_\_\_\_

Safety Paper # \_\_\_\_\_