TOWN OF MENDON

Mendon Application for Certified Copy of Marriage/Civil Union Certificate

Date of Request: _____

Applicant Name: _____ Phone: _____

Applicant Photo ID Information:

Type of Document _____

Document #_____ Exp Date: _____

Relationship to persons named on Certificate: _____

Names on Certificate: _____

Date of Ceremony: _____

Number of Copies Requested: _____ $10.00 each = Total Due: $ _____

Cash or check made payable to:
Town of Mendon
2282 US Route 4
Mendon, VT 05701

For Official Use Only:

Date request is filled:_____
Initials for person making certified copy:_____
Certified Copy Audit #:_____
Verify here_____ when # is entered into VRIMS