



Application for Certified Copy of Danville, VT Marriage Certificate

Town of Danville, P. O. Box 183, Danville, VT 05828

Items with an Asterisk (*) are REQUIRED information.

Applicant Information*:

Your name: First*: _____ Middle: _____ Last*: _____

Mailing Address*: _____ City*: _____

State*: _____ Zip Code*: _____ Date of Birth*: _____

Phone Number*: _____ Email Address: _____

Certificate Information*:

Date of Marriage*: _____

Name of Groom*: _____

Maiden Name of Bride*: _____

Your Relationship to Groom or Bride*: _____

Applicant's Identification Document*:

Driver's License*: _____ Expiration Date*: _____

Order Details*:

Total number of copies requested _____ x \$10.00 each = Order Total: \$ _____

Verification*:

I certify that the information provided on this form is true and I am eligible to receive a certified copy.

Signature*: _____ Date Signed*: _____

Print Name*: _____

Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to:

DANVILLE TOWN CLERK, P. O. BOX 183, DANVILLE, VT 05828