

Town of St. Armand
Vital Records Request Application

DATE: _____

FROM: _____

REASON FOR REQUEST: _____

NAME OF PERSON REQUESTING DOCUMENTATION:

I hereby apply to INSPECT or RECEIVE (circle one) a copy of the following:
(Please provide detailed information, date of birth, death, marriage, etc.):

Signature: _____

Mailing Address:

Copy fee for original Vital Record is \$1.00 per page

For regular photocopies the fee is \$0.25 per page

Detailed Genealogy requests is \$40.00, includes any photocopies

Certified Vital Record is \$10.00 each (i.e. Death Certificate)

Please provide a stamped self address envelope

Check, money order or cash accepted. We do not accept credit or debit cards.