



Mail-In Vital Record Transcript Request Affidavit

***THIS AFFIDAVIT MUST BE ACCOMPANIED BY THE APPROPRIATE VITAL RECORD APPLICATION FORM AND SUPPORTING DOCUMENTATION FOR PROCESSING. PLEASE REFER TO THE TOWN CLERK'S WEBSITE FOR GUIDANCE.**

STATE OF _____
COUNTY OF _____

PERSONALLY came and appeared before me, the undersigned Notary, the applicant named _____, who is a resident of _____ County, State of _____, and makes this his/ her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth in the attached documents are true and correct to the best of his/ her knowledge.

DATED this the _____ day of _____, 20_____

Signature of Affiant (Applicant)

SWORN to subscribed before me, this _____ day of _____, 20_____

NOTARY PUBLIC

My Commission Expires:

Affix Notary Seal Here

** For Office Use Only

Date received _____

Received by _____

APPROVED

DENIED

CHECK	
No.	
TOTAL	
