

**Town of Cambridge, Vermont  
Vital Records Certificate  
Mailed Request Form**

The cost for copies of Vital Record Certificates is:

Certified Copy                    \$10.00  
Uncertified Copy                 \$2.00

Please make check payable to “Town of Cambridge” and mail to the following address:

Vital Records  
Town of Cambridge  
85 Church Street, 2nd Floor  
PO Box 127  
Jeffersonville, VT 05464  
**(Please include a self-addressed stamped envelope)**

**Births**

Birth Name on Certificate	Date of Birth	Mother’s Maiden Name	Other Parent’s Name	# of Copies

**Deaths**

Death Name on Certificate	Date of Death	# of Copies

**Marriage / Civil Union**

Name, Party A	Name, Party B	Date of Marriage/Union	# of Copies

Please indicate your relationship to the above:

Self       Parent       Friend       Other

Please print in the boxes below:

Your Name	Your Place of Birth	Your Date of Birth	Your Phone Number
Your Street	Your City	Your State	Your ZIP/Postal

Signature \_\_\_\_\_ Date \_\_\_\_\_