GREEN MOUNTAIN PASSPORT APPLICATION FORM

INSTRUCTIONS

- 1. Provide name, mailing address, and date of birth in the appropriate spaces below.
- 2. Applicant certifies eligibility.
- 3. Clerk certifies applicant oath and payment.
- 4. **Voluntary information:** In order to make it useful as an identification card, the Green Mountain Passport <u>may</u> include (at the option of the applicant) other information in appropriate spaces below if desired:
 - Contact person's name and address in case of an emergency.
 - Medical information about a chronic physical condition such as heart disease, diabetes, allergies, sensitivity to drugs or other conditions.

Name:First			DOB:	
First	Midd	lle	Last	
Mailing Address:				
Emergency Cont	act (optional)			
Medical Informa	tion (optional) _			
APPLICANT (CERTIFICAT	TION		
I declare under oath and penalty:				
1. That I am 62 years or over, or a Veteran of the uniformed services.				
2. That I am a i	resident of Ver	mont.		
			Signature of Applicant	
Clerk's Certific	cation			
I certify that has declared under oath that the statements of eligibility are true. The appropriate fee and information has been collected.				
Signature of Cle	erk	Municipality	Date	