## 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.

Nama			DO	D.
Name: First	Middle	L	astBO	B:
Mailing Address:				
Emergency Contact (optional)				
Medical Information (optional)				
APPLICANT CERTIFICATION				
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 resident of Vermont.				
		Sig	nature of Applica	nt
Clerk's Certific	ation			
I certify that has declared under oath that the statements of eligibility are true. The appropriate fee and information has been collected.				
Signature of Cler	·k M	unicipality	Date	