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 may 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: _____ **DOB:** _____
First Middle Last

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 have been certified by the Vermont Veterans Administration to be totally disabled as the result of disease or injury suffered while serving in the armed forces, or a resident of the Vermont Veterans Home.

2. That I am a resident of Vermont.

_____
Signature of Applicant

Clerk's Certification

I certify that _____ has declared under oath that the statements of eligibility are true. The appropriate fee has been collected.

_____ _____ _____
Signature of Clerk Municipality Date