

SUPREME COURT OF THE VIRGIN ISLANDS



REQUEST FOR CERTIFICATE OF GOOD STANDING

Your check or money order, should be made payable to "Clerk of the Court", and should be accompany this request. All information should be completed to ensure that your certificate is correct.

Date of the Request: _____ Number of Certificates you are requesting (@ \$25.00 each): _____

Your Name: _____

Your work address:

Firm Name:

Address

City State Zip

Phone number where we can reach you:

Amount of check or money order: \$ _____

Address to which Certificate(s) are to be sent:

Address

City State Zip

Your signature: _____ Date: _____

The fee for a Certificate is payable in advance of issuing the certificate(s).

Return this form with your check made payable to "Clerk of the Court"

St. Thomas P.O. Box 590 St. Thomas, VI 00804	St. Croix P.O. Box 336 Frederiksted, VI 00841
--	---

If you want your certificate express mailed back to you, please enclose a prepaid return envelope.