

Application for Certified Copy of Vermont Birth or Death Certificate

Use this form to request a certified birth certificate or death certificate for one person.
Multiple copies of the same certificate can be requested with this form.

Birth Certificate (BC)

Name of Child: First _____ Middle _____ Last* _____ Suffix _____
Date of Birth*: ____/____/____ Sex*: ☐ Male ☐ Female Town of Birth*: _____
Name of Mother/Parent: First _____ Middle _____
Last Name at Birth (surname): _____
Name of Father/Parent: First _____ Middle _____ Last _____
Is this a Certificate of Live Birth for a Foreign-Born Child? ☐ Yes ☐ No

Death Certificate (DC)

Name of Deceased: First _____ Middle _____ Last* _____ Suffix _____
Date of Death*: ____/____/____ Sex*: ☐ Male ☐ Female Town of Death*: _____
Name of Mother/Parent: First _____ Middle _____ Last _____
Name of Father/Parent: First _____ Middle _____ Last _____

Applicant Information

Your Name: First* _____ Middle _____ Last* _____
If funeral home employee, add business name: _____
Mailing Address*: _____ # _____
State: _____ Date of Birth*: ____/____/____
Daytime Phone*: (____) _____ Email Address: _____

Applicant's Relationship to Person Named on Certificate*

- | | |
|--|--|
| <input type="checkbox"/> Self (BC only) | <input type="checkbox"/> Authorized by Court Order (must present document) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Authority for Final Disposition (DC only) |
| <input type="checkbox"/> Child | <input type="checkbox"/> Social Security Administration (DC only) |
| <input type="checkbox"/> Parent | <input type="checkbox"/> U.S. Department of Veterans Affairs (DC only) |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Deceased's Insurance Carrier (DC only) |
| <input type="checkbox"/> Grandparent | |
| <input type="checkbox"/> Legal Guardian | |
| <input type="checkbox"/> Court Appointed Executor or Administrator | |
| <input type="checkbox"/> Petitioner for Decedent's Estate (DC only) | |
| <input type="checkbox"/> Legal Representative (for one of the above) | |

Applicant's Identification Document(s)*:**Submit a copy of one (1) of these documents**

- ☐ U.S. issued Driver's License or ID Card
- ☐ U.S. Territories Driver's License or ID Card
- ☐ Tribal ID Card containing your signature
- ☐ U.S. Military ID Card containing your signature
- ☐ Passport: U.S. or Foreign issued
- ☐ VISA: U.S. issued and included within a Passport containing your signature
- ☐ U.S. Resident Alien Card or U.S. Green Card or U.S. Permanent Resident Card (Form I-551)
- ☐ U.S. Employment Authorization Document or Card (Form I-765)
- ☐ Valid State of Vermont Employee ID

Document # _____

Expiration Date: __/__/____

"Affidavit of Homeless Status" form

Documentation from Vermont Department of Corrections substantiating identity

Or submit copies of two (2) of these documents

These 2 documents together must show your current address and your signature.

- ☐ Employment Photo ID Card with a Pay Stub or U.S. Internal Revenue W-2 form
- ☐ School, University or College Photo ID with Report Card or other proof of current enrollment
- ☐ Federal or State ID issued by departments, bureaus, or agencies of corrections or prisons
- ☐ Social Security or Medicare Card with your signature
- ☐ Pilot's License
- ☐ Car Registration or Title with current address
- ☐ U.S. Selective Service Card
- ☐ Voter's Registration Card
- ☐ Filed Federal Tax Form with current address and signature
- ☐ Bank Statement, Property or Utility Bill with current address
- ☐ U.S. or State Court documents with current address

Order Summary

Total Number of Copies Requested: _____ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to

Mail payment with this completed form, copy of identification and a self-addressed envelope to:

Or bring completed form, identification and your payment to:

Verification

Any person who knowingly makes a false statement, misrepresentation or certification as to any material fact on this application shall be fined not more than \$10,000 or imprisoned for not more than six months or both. 18 V.S.A. § 131(c).

I certify that the information provided on this form is true and I am eligible to receive a certified copy.

Signature*: _____ Date Signed*: __/__/____

Print Name*:

FOR OFFICE USE ONLY:

ID checked and validated by:

CID:

CPA-B:

CPA-E:

Fee enclosed: \$

Date:

Check Number: