

## Application for Certified Copy of Vermont Birth or Death Certificate

Items with an Asterisk (\*) are *REQUIRED* information.

### Applicant's Information\*:

Your Name: First\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last\*: \_\_\_\_\_ Suffix: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_

State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number\*: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

### Certificate Information\*:

I am requesting a (choose one)\*:

☐ Birth Certificate  
 Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Town of Birth\* \_\_\_\_\_  
 Is this a Certificate of Birth for a Foreign-Born Child?  
     \_\_\_ Yes      \_\_\_ No

☐ Death Certificate  
 Date of Death\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Town of Death\* \_\_\_\_\_

Name on Certificate: First\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last\*: \_\_\_\_\_ Suffix: \_\_\_\_\_

Sex\*: \_\_\_ Male \_\_\_ Female

Name of Mother/Parent: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name of Father/Parent: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

### Your Relationship to the Person Named on the Certificate (choose one)\*:

☐ Self (BC Only)  
☐ Spouse  
☐ Child  
☐ Parent  
☐ Sibling  
☐ Grandchild  
☐ Grandparent  
☐ Legal Guardian  
☐ Court Appointed Executor or Administrator  
☐ Petitioner for Decedent's Estate (DC Only)  
☐ Legal Representative (for one of the above)

☐ Authorized By Court Order  
 Pursuant to 18 V.S.A. § 5016(b)(2)(B).  
 Must provide a certified copy of court order.  
 Photo copies will not be accepted.  
☐ Authority for Final Disposition (DC Only)  
☐ Social Security Administration (DC Only)  
☐ U.S. Department of Veterans Affairs (DC Only)  
☐ Deceased's Insurance Carrier (DC Only)  
☐ Employee of a Vermont public agency authorized  
 pursuant to 18 V.S.A. § 5016(a)(6).

**Application continues on page 2.**

**Order Details\*:**

Total number of copies requested: \_\_\_\_ x \$10.00 each = Order Total: \$ \_\_\_\_\_  
 Make checks or money orders (U.S. funds) payable to:

**Applicant's Identification Document(s)\***

As per Vermont Statute, a copy of your valid ID MUST be submitted with your application. Submit a copy of one of the documents listed below. Fill in the ID number and expiration date of the selected ID you are providing.

Document #: _____	Expiration Date: ____ / ____ / ____
<input type="checkbox"/> U.S. issued Driver's License or ID Card	<input type="checkbox"/> U.S. Resident Alien Card or U.S. Green Card or
<input type="checkbox"/> U.S. Territories Driver's License or ID Card	U.S. Permanent Resident Card (Form I-551)
<input type="checkbox"/> Tribal ID Card containing your signature	<input type="checkbox"/> U.S. Employment Authorization Document or Card
<input type="checkbox"/> U.S. Military ID Card containing your signature	(Form I-765)
<input type="checkbox"/> Passport: U.S. or Foreign issued	<input type="checkbox"/> Valid State of Vermont Employee ID
<input type="checkbox"/> VISA: U.S. issued and included within a Passport	<input type="checkbox"/> "Affidavit of Homeless Status" form **
containing your signature	<input type="checkbox"/> Documentation from Vermont Department of
	Corrections substantiating identity **

\*\* - Does not require document number or expiration date

If you do not have one of the above ID's, you must submit copies of two documents from the list below.

**These two documents together must show your current address and your signature.**

Only the documents listed below are acceptable forms of alternative ID.

<input type="checkbox"/> Employee Photo ID Card with a Pay Stub or	<input type="checkbox"/> Car Registration or Title with current address
U.S. Internal Revenue W-2 Form	<input type="checkbox"/> U.S. Selective Service Card
<input type="checkbox"/> School, University or College Photo ID with	<input type="checkbox"/> Voter's Registration Card
Report Card or other proof of current enrollment	<input type="checkbox"/> Filed Federal Tax Form with current address
<input type="checkbox"/> Federal or State Corrections or Prisons issued ID	and signature
<input type="checkbox"/> Social Security or Medicare Card with your	<input type="checkbox"/> Bank Statement, Property or Utility Bill with
signature	current address
<input type="checkbox"/> Pilot's license	<input type="checkbox"/> U.S. or State Court documents with current address

**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\*: \_\_\_\_\_

**Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to:**

**FOR OFFICE USE ONLY:**

ID check and validated by:

Fee Enclosed:

Date:  
Check #