

## 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      X (Non-binary)

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

"Affidavit of Homeless Status" form \*\*

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.

Employee 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 Corrections or Prisons issued ID

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

A receipt from a licensed health care provider with  
name and current address

First class mail with name and 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:**