

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. Resident Alien Card or U.S. Green Card or
U.S. Territories Driver's License or ID Card	U.S. Permanent Resident Card (Form I-551)
Tribal ID Card containing your signature	U.S. Employment Authorization Document or Card
U.S. Military ID Card containing your signature	(Form I-765)
Passport: U.S. or Foreign issued	Valid State of Vermont Employee ID
VISA: U.S. issued and included within a Passport	"Affidavit of Homeless Status" form **
containing your signature	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	Voter's Registration Card
U.S. Internal Revenue W-2 Form	Filed Federal Tax Form with current address
School, University or College Photo ID with	and signature
Report Card or other proof of current enrollment	Bank Statement, Property or Utility Bill with current
Federal or State Corrections or Prisons issued ID	address
Social Security or Medicare Card with your	U.S. or State Court documents with current address
signature	A receipt from a licensed health care provider with
Pilot's license	name and current address
Car Registration or Title with current address	First class mail with name and current address
U.S. Selective Service Card	

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: