

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*: _____ City: _____
 State: _____ Zip code: _____ Date of Birth*: ____/____/____
 Daytime Phone*: (____) _____ - _____ Email Address: _____

Applicant's Relationship to Person Named on Certificate*

- | | |
|---|--|
| <input type="checkbox"/> Self (BC only)
<input type="checkbox"/> Spouse
<input type="checkbox"/> Child
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<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) | <input type="checkbox"/> Authorized by Court Order (must present document)
<input type="checkbox"/> Authority for Final Disposition (DC only)
<input type="checkbox"/> Social Security Administration (DC only)
<input type="checkbox"/> U.S. Department of Veterans Affairs (DC only)
<input type="checkbox"/> Deceased's Insurance Carrier (DC only) |
|---|--|

* = Required Field

Applicant's Identification Document(s)*:	
<p>Submit a copy of one (1) of these documents</p> <p><input type="checkbox"/> U.S. issued Driver's License or ID Card</p> <p><input type="checkbox"/> U.S. Territories Driver's License or ID Card</p> <p><input type="checkbox"/> Tribal ID Card containing your signature</p> <p><input type="checkbox"/> U.S. Military ID Card containing your signature</p> <p><input type="checkbox"/> Passport: U.S. or Foreign issued</p> <p><input type="checkbox"/> VISA: U.S. issued and included within a Passport containing your signature</p> <p><input type="checkbox"/> U.S. Resident Alien Card or U.S. Green Card or U.S. Permanent Resident Card (Form I-551)</p> <p><input type="checkbox"/> U.S. Employment Authorization Document or Card (Form I-765)</p> <p><input type="checkbox"/> Valid State of Vermont Employee ID</p> <p>Document # _____</p> <p>Expiration Date: __/__/____</p> <hr/> <p><input type="checkbox"/> "Affidavit of Homeless Status" form</p> <p><input type="checkbox"/> Documentation from Vermont Department of Corrections substantiating identity</p>	<p>Or submit copies of two (2) of these documents</p> <p>These 2 documents together must show your current address and your signature.</p> <p><input type="checkbox"/> Employment Photo ID Card with a Pay Stub or U.S. Internal Revenue W-2 form</p> <p><input type="checkbox"/> School, University or College Photo ID with Report Card or other proof of current enrollment</p> <p><input type="checkbox"/> Federal or State ID issued by departments, bureaus, or agencies of corrections or prisons</p> <p><input type="checkbox"/> Social Security or Medicare Card with your signature</p> <p><input type="checkbox"/> Pilot's License</p> <p><input type="checkbox"/> Car Registration or Title with current address</p> <p><input type="checkbox"/> U.S. Selective Service Card</p> <p><input type="checkbox"/> Voter's Registration Card</p> <p><input type="checkbox"/> Filed Federal Tax Form with current address and signature</p> <p><input type="checkbox"/> Bank Statement, Property or Utility Bill with current address</p> <p><input type="checkbox"/> U.S. or State Court documents with current address</p>
Order Summary	
<p>Total Number of Copies Requested: _____ x \$10.00 each = Order Total: \$ _____</p> <p>Make checks or money orders (U.S. funds) payable to</p> <p>Mail payment with this completed form, copy of identification and a self-addressed envelope to:</p> <p>Or bring completed form, identification and your payment to:</p>	
Verification	
<p>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).</p> <p>I certify that the information provided on this form is true and I am eligible to receive a certified copy.</p> <p>Signature*: _____ Date Signed*: __/__/____</p> <p>Print Name*:</p>	

FOR OFFICE USE ONLY:

ID checked and validated by:

CID:

CPA-B:

CPA-E:

Fee enclosed: \$

Date:

Check Number: