

## 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)\*:

<input type="checkbox"/> Self (BC Only)	<input type="checkbox"/> Authorized By Court Order
<input type="checkbox"/> Spouse	Pursuant to 18 V.S.A. § 5016(b)(2)(B).
<input type="checkbox"/> Child	Must provide a certified copy of court order.
<input type="checkbox"/> Parent	Photo copies will not be accepted.
<input type="checkbox"/> Sibling	<input type="checkbox"/> Authority for Final Disposition (DC Only)
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Social Security Administration (DC Only)
<input type="checkbox"/> Grandparent	<input type="checkbox"/> U.S. Department of Veterans Affairs (DC Only)
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Deceased's Insurance Carrier (DC Only)
<input type="checkbox"/> Court Appointed Executor or Administrator	<input type="checkbox"/> Employee of a Vermont public agency authorized
<input type="checkbox"/> Petitioner for Decedent's Estate (DC Only)	pursuant to 18 V.S.A. § 5016(a)(6).
<input type="checkbox"/> Legal Representative (for one of the above)	

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

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