Insert Logo Here

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 <u>one</u> 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 <u>two</u> documents from the list below.

These two documents together must show <u>your current address and your signature</u>.

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

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 #