



# 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:**