

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 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*: _____ # _____
 State: _____
 Daytime Phone*: (____) _____ - _____

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) |
|---|--|

Identification Document(s)*:**Choose one (1) primary document or two (2) alternate documents that you are providing with this request.****Primary Document**

- ☐ 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)

Document # _____

Expiration Date: ____/____/____

Alternate Documents

These two documents together must contain your current address and your signature.

- ☐ Employment 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
- ☐ Department of Corrections ID Card with probation documents or discharge papers
- ☐ 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 or Utility Bill (gas, water, electric, sewer, phone) with current address
- ☐ U.S. or State Court documents with current address

Order Summary

Total Number of Copies Requested: _____ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to _____. Mail your payment with this form and a self-addressed envelope to _____.

Or bring this completed form with your payment to _____.

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*:

FOR OFFICE USE ONLY:

ID checked and validated by:

CID:

CPA-B:

CPA-E:

Fee enclosed: \$

Date:

Check Number: