



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 the **Vermont Department of Health.**

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 Vermont Department of Health, Vital Records, P.O. Box 70, Burlington, VT 05402.

FOR OFFICE USE ONLY:

ID check and validated by:

Fee Enclosed:

Date:

Check #