



## 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 at Birth (surname): \_\_\_\_\_

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\*: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Daytime Phone\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

### Applicant's 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)
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\* = Required Field

**Applicant's Identification Document(s)\*:**

Submit a copy of one (1) of these documents

- 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

Document # \_\_\_\_\_  
 Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

- "Affidavit of Homeless Status" form
- Documentation from Vermont Department of Corrections substantiating identity

Or submit copies of two (2) of these documents

These 2 documents together must show 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
- Federal or State ID issued by departments, bureaus, or agencies of corrections or prisons
- 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

**Order Summary**

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

Make checks or money orders (U.S. funds) payable to

Mail payment with this completed form, copy of identification and a self-addressed envelope to:

Or bring completed form, identification and 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: