

# 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\*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Self (BC only)</li> <li><input type="checkbox"/> Spouse</li> <li><input type="checkbox"/> Child</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Sibling</li> <li><input type="checkbox"/> Grandparent</li> <li><input type="checkbox"/> Legal Guardian</li> <li><input type="checkbox"/> Court Appointed Executor or Administrator</li> <li><input type="checkbox"/> Petitioner for Decedent's Estate (DC only)</li> <li><input type="checkbox"/> Legal Representative (for one of the above)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Authorized by Court Order (must present document)</li> <li><input type="checkbox"/> Authority for Final Disposition (DC only)</li> <li><input type="checkbox"/> Social Security Administration (DC only)</li> <li><input type="checkbox"/> U.S. Department of Veterans Affairs (DC only)</li> <li><input type="checkbox"/> Deceased's Insurance Carrier (DC only)</li> </ul> |
|---|--|

\* = Required Field

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