

Vital Records Office  
PO Box 70  
Burlington, VT 05402

## 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)\*:

<input type="checkbox"/> Birth Certificate Date of Birth*: ____ / ____ / ____ Town of Birth* _____ Is this a Certificate of Birth for a Foreign-Born Child? ___ Yes      ___ No
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<input type="checkbox"/> Death Certificate Date of Death*: ____ / ____ / ____ Town of Death* _____
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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)<br>Spouse<br>Child<br>Parent<br>Sibling<br>Grandchild<br>Grandparent<br>Legal Guardian<br>Court Appointed Executor or Administrator<br>Petitioner for Decedent's Estate (DC Only)<br>Legal Representative (for one of the above) | Authorized By Court Order<br>Pursuant to 18 V.S.A. § 5016(b)(2)(B).<br>Must provide a certified copy of court order.<br>Photo copies will not be accepted.<br>Authority for Final Disposition (DC Only)<br>Social Security Administration (DC Only)<br>U.S. Department of Veterans Affairs (DC Only)<br>Deceased's Insurance Carrier (DC Only)<br>Employee of a Vermont public agency authorized<br>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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

- |  |  |
|--|--|
| U.S. issued Driver's License or ID Card          | U.S. Resident Alien Card or U.S. Green Card or |
| U.S. Territories Driver's License or ID Card     | U.S. Permanent Resident Card (Form I-551)      |
| Tribal ID Card containing your signature         | U.S. Employment Authorization Document or Card |
| U.S. Military ID Card containing your signature  | (Form I-765)                                   |
| Passport: U.S. or Foreign issued                 | Valid State of Vermont Employee ID             |
| VISA: U.S. issued and included within a Passport | "Affidavit of Homeless Status" form **         |
| containing your signature                        | 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         | Voter's Registration Card                             |
| U.S. Internal Revenue W-2 Form                    | Filed Federal Tax Form with current address           |
| School, University or College Photo ID with       | and signature   |
| Report Card or other proof of current enrollment  | Bank Statement, Property or Utility Bill with current |
| Federal or State Corrections or Prisons issued ID | address   |
| Social Security or Medicare Card with your        | U.S. or State Court documents with current address    |
| signature   | A receipt from a licensed health care provider with   |
| Pilot's license                                   | name and current address                              |
| Car Registration or Title with current address    | First class mail with name and current address        |
| U.S. Selective Service Card                       |   |

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

**Bring completed form and check payable to:  
Town of Georgia, 47 Town Common Road North, Saint Albans, VT 05478.**