

Vital Records Office
280 State Drive
Waterbury, VT 05671-8370

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 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)*:

- | | |
|---|---|
| <ul style="list-style-type: none"> 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) | <ul style="list-style-type: none"> Authorized By Court Order <li style="padding-left: 20px;">Pursuant to 18 V.S.A. § 5016(b)(2)(B). <li style="padding-left: 20px;">Must provide a certified copy of court order. <li style="padding-left: 20px;">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 <li style="padding-left: 20px;">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*: _____

Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to Vermont Department of Health, Vital Records, 280 State Drive, Waterbury, VT 05671-8370.