

Vital Records Office
P.O. Box 70
Burlington, VT 05402

**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"> <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) | <ul style="list-style-type: none"> <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) |
|---|--|

* = 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 the **Vermont Department of Health**. Mail payment with this form and a self-addressed envelope to **P.O. Box 70, Burlington, VT 05402**. Or bring this completed form with your payment to the Vital Records Office at **108 Cherry Street in Burlington, VT**.

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: _____