

Application for Certified Copy of Vermont Birth or Death CertificateItems 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

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) 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) Authorized By Court Order

Pursuant to 18 V.S.A. § 5016(b)(2)(B).

Must provide a certified copy of court order.

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 pursuant to 18 V.S.A. § 5016(a)(6).

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