

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.**

<b>Birth Certificate (BC)</b>	
Name of Child: First _____ Middle _____ Last* _____ Suffix _____	
Date of Birth*: ____/____/____ Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female Town of Birth*: _____	
Name of Mother/Parent: First _____ Middle _____	
Last Name at Birth (surname): _____	
Name of Father/Parent: First _____ Middle _____ Last _____	
Is this a Certificate of Live Birth for a Foreign-Born Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Death Certificate (DC)</b>	
Name of Deceased: First _____ Middle _____ Last* _____ Suffix _____	
Date of Death*: ____/____/____ Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female Town of Death*: _____	
Name of Mother/Parent: First _____ Middle _____ Last _____	
Name of Father/Parent: First _____ Middle _____ Last _____	
<b>Applicant Information</b>	
Your Name: First* _____ Middle _____ Last* _____	
If funeral home employee, add business name: _____	
Mailing Address*: _____ City: _____	
State: _____ Zip code: _____	Date of Birth*: ____/____/____
Daytime Phone*: (____) _____	Email Address: _____
<b>Applicant's Relationship to Person Named on Certificate*</b>	
<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)	<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

**Applicant's Identification Document(s)\*:**

**Submit a copy of one (1) of these documents**

- 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)
- Valid State of Vermont Employee ID

Document # \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_\_\_

- "Affidavit of Homeless Status" form
- Documentation from Vermont Department of Corrections substantiating identity

**Or submit copies of two (2) of these documents**

These 2 documents together must show 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
- Federal or State ID issued by departments, bureaus, or agencies of corrections or prisons
- 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, Property or Utility Bill 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 completed form, copy of identification and a self-addressed envelope to **Vermont Department of Health, Vital Records, P.O. Box 70, Burlington, VT 05402**. Or bring this completed form, identification and 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: