



# Application for Certified Copy of Vermont Birth or Death Certificate

PO Box 37  
St. Albans Bay, VT 05481

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

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Daytime Phone\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\*: \_\_/\_\_/\_\_\_\_

**Relationship to Person Named on Certificate\***

<input type="checkbox"/> Self (BC only)	<input type="checkbox"/> Authorized by Court Order (must present document)
<input type="checkbox"/> Spouse	<input type="checkbox"/> Authority for Final Disposition (DC only)
<input type="checkbox"/> Child	<input type="checkbox"/> Social Security Administration (DC only)
<input type="checkbox"/> Parent	<input type="checkbox"/> U.S. Department of Veterans Affairs (DC only)
<input type="checkbox"/> Sibling	<input type="checkbox"/> Deceased's Insurance Carrier (DC only)
<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)	

\* = 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 St. Albans Town. Mail your payment with this form and a self-addressed envelope to PO Box 37, St. Albans Bay, VT 05481. Or bring this completed form with your payment to Town of St. Albans 579 Lake Road, St. Albans, 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: \_\_\_\_\_