



Application for Certified Copy of Vermont Birth or Death Certificate

43 Bombardier Rd.
Milton, Vermont 05468

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*: <input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Death Certificate (DC)			
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	

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

REQUEST FOR A CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE

Identification Document(s)*:
Choose one (1) primary document or two (2) alternate documents that you are providing with this request.

Primary Document	Alternate Documents
<input type="checkbox"/> U.S. issued Driver's License or ID Card <input type="checkbox"/> U.S. Territories Driver's License or ID Card <input type="checkbox"/> Tribal ID Card containing your signature <input type="checkbox"/> U.S. Military ID Card containing your signature <input type="checkbox"/> Passport: U.S. or Foreign issued <input type="checkbox"/> VISA: U.S. issued and included within a Passport containing your signature <input type="checkbox"/> U.S. Resident Alien Card or U.S. Green Card or U.S. Permanent Resident Card (Form I-551) <input type="checkbox"/> U.S. Employment Authorization Document or Card (Form I-765)	These two documents together must contain your current address and your signature. <input type="checkbox"/> Employment Photo ID Card with a Pay Stub or U.S. Internal Revenue W-2 form <input type="checkbox"/> School, University or College Photo ID with Report Card or other proof of current enrollment <input type="checkbox"/> Department of Corrections ID Card with probation documents or discharge papers <input type="checkbox"/> Social Security or Medicare Card with your signature <input type="checkbox"/> Pilot's License <input type="checkbox"/> Car Registration or Title with current address <input type="checkbox"/> U.S. Selective Service Card <input type="checkbox"/> Voter's Registration Card <input type="checkbox"/> Filed Federal Tax Form with current address and signature <input type="checkbox"/> Bank Statement or Utility Bill (gas, water, electric, sewer, phone) with current address <input type="checkbox"/> U.S. or State Court documents with current address
Document # _____ Expiration Date: ___/___/___	

Order Summary

Total Number of Copies Requested: _____ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to _____ Town of Milton. Mail your payment with this form and a self-addressed envelope to _____ PO Box 18 Milton, Vermont 05468.

Or bring this completed form with your payment to _____ 43 Bombardier Rd. Milton, 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: _____ Date: _____

CID: _____ CPA-B: _____ CPA-E: _____ Fee enclosed: \$ _____ Check Number: _____

