



Application for Certified Copy of Vermont Birth or Death Certificate Additional Instructions

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

General Instructions

- A completed, signed application **and** current identification are required to request a certified copy of a Vermont birth or death certificate.
- To request two types of certificates (like one birth and one death certificate), use a second copy of the application for each type of certificate.
- Request certificates for different people with separate applications.
- Multiple copies of the same certificate can be requested with one application.
- Items marked with an asterisk (*) **must** be completed.

Birth Certificate or Death Certificate

- Enter names and dates correctly. If the information on the application has errors, we may not be able to locate the records.
- Search the statewide public index to check the date of the event or other information:
<https://secure.vermont.gov/VSARA/vitalrecords/search-tool.php>
- Under Name of Parents use the parent's last name used before their first marriage, known as the maiden name, if applicable.

Applicant Information

- Certificates will be sent to the applicant mailing address entered on the application.

Relationship to Person Named on Certificate

- Only people with one of the relationships listed in this section of the application are eligible to request a certified copy of a birth or a death certificate according to Vermont law (18 V.S.A. § 5016 (b) (2)).

Identification Document(s)

- **One (1) current, unexpired primary document** from the list on the application is required. If you do not have one of these government issued IDs, **two (2) alternate documents** from the list on the application are required.
- The address on the identification document(s) must match the applicant mailing address on the application.
- If mailing an application, include photocopies of the identification documents. Make sure the copies can be read.

Order Summary

- The certified copy fee is set by Vermont law (18 V.S.A. § 5017).
- Make your check or money order payable as directed on the application.
- Mail or bring the payment, application and identification documents to the location identified on the application.

Verification

- After reviewing the information on the completed application, print the application (if you're filling out an electronic version) and then sign and print your name and add the date.



Application for Certified Copy of Vermont Birth or Death Certificate

Town of Wallingford
75 School Street Wallingford

• 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*

Self (BC only)

Spouse

Child

Parent

Sibling

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 (must present document)

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)

* = 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 Town of Wallingford. Mail your payment with this form and a self-addressed envelope to 75 School Street Wallingford VT 05773.

Or bring this completed form with your payment to Wallingford Town Hall, 75 School Street, Wallingford VT 05773.

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: