



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.



Town of Wallingford
75 School Street

Application for Certified Copy of Vermont Birth or Death Certificate

Items 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)*:

<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"/> Grandchild <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 Pursuant to 18 V.S.A. § 5016(b)(2)(B). Must provide a certified copy of court order. Photo copies will not be accepted. <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) <input type="checkbox"/> Employee of a Vermont public agency authorized pursuant to 18 V.S.A. § 5016(a)(6).
--	---

Application continues on page 2.

Order Details*:

Total number of copies requested: ___ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to: TOWN OF WALLINGFORD

Applicant's Identification Document(s)*

As per Vermont Statute, a copy of your valid ID MUST be submitted with your application. Submit a copy of one of the documents listed below. Fill in the ID number and expiration date of the selected ID you are providing.

Document #: _____ Expiration Date: ____ / ____ / ____

- | | |
|---|---|
| <input type="checkbox"/> U.S. issued Driver's License or ID Card | <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. Territories Driver's License or ID Card | <input type="checkbox"/> U.S. Employment Authorization Document or Card (Form I-765) |
| <input type="checkbox"/> Tribal ID Card containing your signature | <input type="checkbox"/> Valid State of Vermont Employee ID |
| <input type="checkbox"/> U.S. Military ID Card containing your signature | <input type="checkbox"/> "Affidavit of Homeless Status" form ** |
| <input type="checkbox"/> Passport: U.S. or Foreign issued | <input type="checkbox"/> Documentation from Vermont Department of Corrections substantiating identity ** |
| <input type="checkbox"/> VISA: U.S. issued and included within a Passport containing your signature | |

** - Does not require document number or expiration date

If you do not have one of the above ID's, you must submit copies of two documents from the list below.

These two documents together must show your current address and your signature.

Only the documents listed below are acceptable forms of alternative ID.

- | | |
|---|--|
| <input type="checkbox"/> Employee Photo ID Card with a Pay Stub or U.S. Internal Revenue W-2 Form | <input type="checkbox"/> Car Registration or Title with current address |
| <input type="checkbox"/> School, University or College Photo ID with Report Card or other proof of current enrollment | <input type="checkbox"/> U.S. Selective Service Card |
| <input type="checkbox"/> Federal or State Corrections or Prisons issued ID | <input type="checkbox"/> Voter's Registration Card |
| <input type="checkbox"/> Social Security or Medicare Card with your signature | <input type="checkbox"/> Filed Federal Tax Form with current address and signature |
| <input type="checkbox"/> Pilot's license | <input type="checkbox"/> Bank Statement, Property or Utility Bill with current address |
| | <input type="checkbox"/> U.S. or State Court documents with current address |

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*: _____

**Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to:
TOWN OF WALLINGFORD, 75 SCHOOL STREET, WALLINGFORD VT 05773**

FOR OFFICE USE ONLY:

ID check and validated by:

Fee Enclosed:

Date:

Check #