



# Application for Certified Copy of Vermont Birth or Death Certificate

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

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**

- 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)

*If mailing, send a photocopy of these Primary or Alternate documents.*

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 Halifax. Mail your payment with this form and a self-addressed envelope to PO Box 127, W. Halifax, VT 05358. Or bring this completed form with your payment to 246 Branch Rd, W. Halifax.

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