



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.

The applicant needs to sign this application and provide ID. 18 V.S.A. § 5016 (b)(1)

BIRTH CERTIFICATE (information of the person whose name appears on the birth record)

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 (information of the person whose name appears on the death record)

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 (information of the person requesting the Certificate)

Your Name: First* _____ Middle _____ Last* _____



If funeral home employee, add business name: _____

Mailing Address*: _____ State: _____ Zip Code _____

Daytime Phone*: (____) _____-_____

Relationship to Person Named on Certificate (check the box that applies)

- Self (BC only)
- Spouse
- Child
- Parent
- Sibling
- Grandparent
- Legal Guardian
- Court Appointed Executor/Administrator
- Petitioner for Decedent's Estate (DC only)
- Legal Representative (for one of the above)
- Authority by a 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)

Identification Documents: Choose 1 Source (Primary or Alternates)

Primary Document (select 1 of the following)

- 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 # _____ D.O.B. _____

Expiration Date: ___/___/___

Alternate Documents (select 2 of the following)

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

IF YOU ARE MAILING YOUR APPLICATION REQUEST YOU MUST INCLUDE A PHOTOCOPY OF THE IDENTIFICATION DOCUMENT(S) SELECTED ABOVE. APPLICATIONS RECEIVED WITHOUT IDENTIFICATION OR FEES WILL BE CONSIDERED INCOMPLETE AND WILL BE RETURNED



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

Make checks or money orders (U.S. funds) payable to ___Town Of Montgomery___

Mail your payment with this form and a self-addressed envelope to:

PO Box 356 Montgomery Ctr VT 05471.

Or bring this completed form with your payment to:

Montgomery Town Offices located at 86 Mountain Road. Fees can be collected via Cash, Check, or Credit Card

Verification (to be filled in by applicant)

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 additional information contact:

Vital Records

Vermont Department of Health

108 Cherry Street, PO Box 70

Burlington, VT 05402

(P) 802.863.7275 (F) 802.651.1787

vitalrecords@vermont.gov