



## 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)

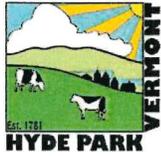
- **One (1) current, unexpired primary document** from the list on the application is required. If you do not have one of these government issued IDs, **two (2) alternate documents** from the list on the application are required.
- The address on the identification document(s) must match the applicant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

**HYDE PARK TOWN CLERK'S OFFICE**  
 PO Box 98, Hyde Park, VT 05655 (mailing) - 344 VT 15W, Hyde Park, VT 05655(Physical)  
 Phone: (802)888-2300 option 1 / Fax: (802)888-6878

**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\*

- |   |  |
|---|--|
| <input type="checkbox"/> Self (BC only)<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Child<br><input type="checkbox"/> Parent<br><input type="checkbox"/> Sibling<br><input type="checkbox"/> Grandparent<br><input type="checkbox"/> Legal Guardian<br><input type="checkbox"/> Court Appointed Executor or Administrator<br><input type="checkbox"/> Petitioner for Decedent's Estate (DC only)<br><input type="checkbox"/> Legal Representative (for one of the above) | <input type="checkbox"/> Authorized by Court Order (must present document)<br><input type="checkbox"/> Authority for Final Disposition (DC only)<br><input type="checkbox"/> Social Security Administration (DC only)<br><input type="checkbox"/> U.S. Department of Veterans Affairs (DC only)<br><input type="checkbox"/> 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 HYDE PARK. Mail your payment with this form and a self-addressed envelope to PO BOX 98, HYDE PARK, VT 05655.

Or bring this completed form with your payment to HYDE PARK TOWN CLERK'S OFFICE, 344 VT 15W, HYDE PARK.

**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: