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 at Birth (surname): _____

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*: _____ /ƛǘèY _____

State: ____ψψψψψψψψψψψ ½ƛLJ Ŏ2ŘŜY ψψ ψψ ψψ ψψ ψψ Date of Birth*: __ __/__ __/__ __ __ _

Daytime Phone*: (__ __ __) __ __ __-__ __ __ __ Email Address: _____

Applicant's 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

January 2020

Applicant's Identification Document(s)*:

Submit a copy of one (1) of these documents

- ☐ 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)
- ☐ Valid State of Vermont Employee ID

Document # _____

Expiration Date: __ __/__ __/__ __ __ __

- ☐ "Affidavit of Homeless Status" form
- ☐ Documentation from Vermont Department of Corrections substantiating identity

Or submit copies of two (2) of these documents

These 2 documents together must show 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
- ☐ Federal or State ID issued by departments, bureaus, or agencies of corrections or prisons
- ☐ 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, Property or Utility Bill 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 payment with this completed form, copy of identification and a self-addressed envelope to:
TOWN OF HYDE PARK, PO BOX 98, HYDE PARK, VT 05655
Or bring completed form, identification and your payment to:
HYDE PARK TOWN CLERK'S OFFICE, 344 VT 15W, Hyde Park, VT 05655

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: #of copies issued:_____ Certificate Paper#: VT_____
ID checked and validated by: Date: VT_____
CID: CPA-B: CPA-E: Fee enclosed: $ Check Number: