Application for Certified Copy of Vermont Birth or Death Certificate

SAINT ALBANS
Vermont

(802) 524-1500
www.stalbansvt.com

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*: _____

State: _____

Daytime Phone*: (__ __ __) __ __ __-__ __ __ __

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

July 1, 2019

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 City of Saint Albans. Mail your payment with this form and a self-addressed envelope to P.O. Box 867, Saint Albans, VT 05478.
Or bring this completed form with your payment to 100 North Main Street, Saint Albans, VT 05478.

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: Date:
CID: CPA-B: CPA-E: Fee enclosed: $ Check Number:

VERMONT
DEPARTMENT OF HEALTH