



Application for Certified Copy of Vermont Birth or Death Certificate

119 Park Avenue
Lyndonville VT 05851

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) | <input type="checkbox"/> Authorized by Court Order (must present document) |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Authority for Final Disposition (DC only) |
| <input type="checkbox"/> Child | <input type="checkbox"/> Social Security Administration (DC only) |
| <input type="checkbox"/> Parent | <input type="checkbox"/> U.S. Department of Veterans Affairs (DC only) |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Deceased's Insurance Carrier (DC only) |
| <input type="checkbox"/> Grandparent | |
| <input type="checkbox"/> Legal Guardian | |
| <input type="checkbox"/> Court Appointed Executor or Administrator | |
| <input type="checkbox"/> Petitioner for Decedent's Estate (DC only) | |
| <input type="checkbox"/> Legal Representative (for one of the above) | |

* = 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 Lyndon. Mail your payment with this form and a self-addressed envelope to PO Box 167, Lyndonville VT 05851.

Or bring this completed form with your payment to 119 Park Avenue, Lyndonville VT 05851.

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:



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.