

Town of Chelsea PO Box 266 Chelsea VT 05038

Application for Certified Copy of Vermont Birth or Death Certificate

| tems with an Asterisk (*) are REQUIRED information. | | | |
|---|--------------|---|---|
| Applicant's Information*: | | | |
| our Name: First*: Middle: | | Last*: | Suffix: |
| Business Name: | | | |
| Mailing Address*: | | City*: | |
| State*: Zip Code*: | | Date of Birth*: // | |
| Phone Number*:() - | - | mail Address: | |
| Certificate Information*: | | | |
| am requesting a (choose one)*: | | | |
| Birth Certificate Date of Birth*: / / Town of Birth* Is this a Certificate of Birth for a Foreign-Born Chil Yes No | d? | Death Certificate Date of Death*: / / Town of Death* | |
| Name on Certificate: First*: | Middle: | Last*: | Suffix: |
| Sex*:Male Female X (Non-binary) | | | |
| Name of Mother/Parent: First: | Middle: | Last: | Suffix: |
| Name of Father/Parent: First: | | | |
| Your Relationship to the Person Named on the Court Appointed Executor or Administrator Petitioner for Decedent's Estate (DC Only) | A S | choose one)*: authorized By Court Order Pursuant to 18 V.S.A. § 5016(b)(2) Must provide a certified copy of or Photo copies will not be accepted authority for Final Disposition (DC Onlocial Security Administration (DC Onlocial Security Administration (DC Onloce) Deceased's Insurance Carrier (DC Onloce) Employee of a Vermont public agency pursuant to 18 V.S.A. § 5016(a)(6) | ourt order. (y) (y) (C) (y) (y) (y) (y) (y) (y) (y) (y) (y) (y |
| Legal Representative (for one of the above) | | parsuant to 10 1.5.m. 3 3010(a)(b) | |
| | tion continu | ues on page 2. | |

| Order Details*: | | |
|--|---|--|
| Fotal number of copies requested: x \$10.00 each | = Order Total: \$ | |
| Make checks or money orders (U.S. funds) payable to: | | |
| Applicant's Identification Document(s)* | | |
| As per Vermont Statute, a copy of your valid ID MUST be s | submitted with your application. Submit a copy of <u>one</u> of the | |
| documents listed below. Fill in the ID number and expiration | on date of the selected ID you are providing. | |
| Document #: | Expiration Date:/ | |
| U.S. issued Driver's License or ID Card | U.S. Resident Alien Card or U.S. Green Card or | |
| U.S. Territories Driver's License or ID Card | U.S. Permanent Resident Card (Form I-551) | |
| Tribal ID Card containing your signature | U.S. Employment Authorization Document or Card | |
| U.S. Military ID Card containing your signature | (Form I-765) | |
| Passport: U.S. or Foreign issued | Valid State of Vermont Employee ID | |
| VISA: U.S. issued and included within a Passport | "Affidavit of Homeless Status" form ** | |
| containing your signature | Documentation from Vermont Department of | |
| | Corrections substantiating identity ** | |
| ** - Does not require document number or expiration date | | |
| If you do not have one of the above ID's, you must submit These two documents together must show your current | | |
| Only the documents listed below are acceptable forms of | | |
| Employee Photo ID Card with a Pay Stub or | Voter's Registration Card | |
| U.S. Internal Revenue W-2 Form | Filed Federal Tax Form with current address | |
| School, University or College Photo ID with | and signature | |
| Report Card or other proof of current enrollment | | |
| Federal or State Corrections or Prisons issued ID | address | |
| Social Security or Medicare Card with your | U.S. or State Court documents with current address | |
| signature | A receipt from a licensed health care provider with | |
| Pilot's license | name and current address | |
| Car Registration or Title with current address | First class mail with name and current address | |
| U.S. Selective Service Card | | |
| West Control of the C | | |
| Verification* | representation or certification as to any material fact on this | |
| | isoned for not more than six months or both. 18 V.S.A. § 131(c). | |
| I certify that the information provided on this form is tru | ie and I am eligible to receive a certified copy. | |
| Signature*: | | |
| | | |
| Print Name*: | | |
| Mail this completed form, copy of identification | n, check or money order, and a self-addressed envelope to: | |
| | | |

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