



Town of Chelsea  
 PO Box 266  
 Chelsea VT 05738

## Application for Certified Copy of Vermont Birth or Death Certificate

Items with an Asterisk (\*) are *REQUIRED* information.

### Applicant's Information\*:

Your Name: First\*: \_\_\_\_\_ Middle: \_\_\_\_\_ Last\*: \_\_\_\_\_ Suffix: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_ City\*: \_\_\_\_\_

State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number\*: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

### Certificate Information\*:

I am requesting a (choose one)\*:

Birth Certificate

Date of Birth\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Town of Birth\* \_\_\_\_\_

Is this a Certificate of Birth for a Foreign-Born Child?

\_\_\_ Yes      \_\_\_ No

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: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Suffix: \_\_\_\_\_

### Your Relationship to the Person Named on the Certificate (choose one)\*:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Self (BC Only)</li> <li><input type="checkbox"/> Spouse</li> <li><input type="checkbox"/> Child</li> <li><input type="checkbox"/> Parent</li> <li><input type="checkbox"/> Sibling</li> <li><input type="checkbox"/> Grandchild</li> <li><input type="checkbox"/> Grandparent</li> <li><input type="checkbox"/> Legal Guardian</li> <li><input type="checkbox"/> Court Appointed Executor or Administrator</li> <li><input type="checkbox"/> Petitioner for Decedent's Estate (DC Only)</li> <li><input type="checkbox"/> Legal Representative (for one of the above)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Authorized By Court Order           <ul style="list-style-type: none"> <li>Pursuant to 18 V.S.A. § 5016(b)(2)(B).</li> <li>Must provide a certified copy of court order.</li> <li>Photo copies will not be accepted.</li> </ul> </li> <li><input type="checkbox"/> Authority for Final Disposition (DC Only)</li> <li><input type="checkbox"/> Social Security Administration (DC Only)</li> <li><input type="checkbox"/> U.S. Department of Veterans Affairs (DC Only)</li> <li><input type="checkbox"/> Deceased's Insurance Carrier (DC Only)</li> <li><input type="checkbox"/> Employee of a Vermont public agency authorized pursuant to 18 V.S.A. § 5016(a)(6).</li> </ul> |
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