

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)*:

Self (BC Only)	Authorized By Court Order
Spouse	Pursuant to 18 V.S.A. § 5016(b)(2)(B).
Child	Must provide a certified copy of court order.
Parent	Photo copies will not be accepted.
Sibling	Authority for Final Disposition (DC Only)
Grandchild	Social Security Administration (DC Only)
Grandparent	U.S. Department of Veterans Affairs (DC Only)
Legal Guardian	Deceased's Insurance Carrier (DC Only)
Court Appointed Executor or Administrator	Employee of a Vermont public agency authorized
Petitioner for Decedent's Estate (DC Only)	pursuant to 18 V.S.A. § 5016(a)(6).
Legal Representative (for one of the above)	

Application continues on page 2.

Order Details*:

Total number of copies requested: ____ x \$10.00 each = Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to the **Town of Chelsea**.

Applicant's Identification Document(s)*

As per Vermont Statute, a copy of your valid ID **MUST** be submitted with your application. Submit a copy of one of the documents listed below. Fill in the ID number and expiration date of the selected ID you are providing.

Document #: _____ Expiration Date: ____ / ____ / ____

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

"Affidavit of Homeless Status" form **

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 copies of two documents from the list below.

These two documents together must show your current address and your signature.

Only the documents listed below are acceptable forms of alternative ID.

Employee 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 Corrections or Prisons issued ID

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

A receipt from a licensed health care provider with
name and current address

First class mail with name and current address

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*: _____

Mail this completed form, copy of identification, check or money order, and a self-addressed envelope to to the Town Clerk or email the completed form and come in to the office to pay and pick up your copy (we will email when it is ready).