



Anita L. Sheldon
Town Clerk

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

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)*:

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

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: ____ / ____ / _____

- | | |
|--|--|
| <input type="checkbox"/> U.S. issued Driver's License or ID Card | <input type="checkbox"/> U.S. Resident Alien Card or U.S. Green Card or
U.S. Permanent Resident Card (Form I-551) |
| <input type="checkbox"/> U.S. Territories Driver's License or ID Card | <input type="checkbox"/> U.S. Employment Authorization Document or Card
(Form I-765) |
| <input type="checkbox"/> Tribal ID Card containing your signature | <input type="checkbox"/> Valid State of Vermont Employee ID |
| <input type="checkbox"/> U.S. Military ID Card containing your signature | <input type="checkbox"/> "Affidavit of Homeless Status" form ** |
| <input type="checkbox"/> Passport: U.S. or Foreign issued | <input type="checkbox"/> Documentation from Vermont Department of
Corrections substantiating identity ** |
| <input type="checkbox"/> VISA: U.S. issued and included within a Passport
containing your signature | |

** - 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.

- | | |
|--|---|
| <input type="checkbox"/> Employee Photo ID Card with a Pay Stub or
U.S. Internal Revenue W-2 Form | <input type="checkbox"/> Car Registration or Title with current address |
| <input type="checkbox"/> School, University or College Photo ID with
Report Card or other proof of current enrollment | <input type="checkbox"/> U.S. Selective Service Card |
| <input type="checkbox"/> Federal or State Corrections or Prisons issued ID | <input type="checkbox"/> Voter's Registration Card |
| <input type="checkbox"/> Social Security or Medicare Card with your
signature | <input type="checkbox"/> Filed Federal Tax Form with current address
and signature |
| <input type="checkbox"/> Pilot's license | <input type="checkbox"/> Bank Statement, Property or Utility Bill with
current address |
| | <input type="checkbox"/> U.S. or State Court documents with 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:
Manchester Town Clerk PO Box 830 Manchester Center, VT 05255**

FOR OFFICE USE ONLY:

ID check and validated by:

Fee Enclosed:

Date:

Check #