Application for Certified Copy of Vermont Birth or Death Certificate

Town of Strafford
PO Box 27 Strafford VT

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)
☐ Spouse
☐ Child
☐ Parent
☐ Sibling
☐ Grandchild
☐ Grandparent
☐ Legal Guardian
☐ Court Appointed Executor or Administrator
☐ Petitioner for Decedent's Estate (DC Only)
☐ Legal Representative (for one of the above)

☐ Authorized By Court Order
Pursuant to 18 V.S.A. § 5016(b)(2)(B).
Must provide a certified copy of court order.
Photo copies will not be accepted.
☐ Authority for Final Disposition (DC Only)
☐ Social Security Administration (DC Only)
☐ U.S. Department of Veterans Affairs (DC Only)
☐ Deceased's Insurance Carrier (DC Only)
☐ Employee of a Vermont public agency authorized pursuant to 18 V.S.A. § 5016(a)(6).

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: Town of Strafford

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:

Town of Strafford P.O. Box 27 Strafford, VT 05072