



City of Barre

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)*:

☐

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: City of Barre

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. 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 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	☐ Car Registration or Title with current address
U.S. Internal Revenue W-2 Form	☐ U.S. Selective Service Card
☐ School, University or College Photo ID with	☐ Voter's Registration Card
Report Card or other proof of current enrollment	☐ Filed Federal Tax Form with current address
☐ Federal or State Corrections or Prisons issued ID	and signature
☐ Social Security or Medicare Card with your	☐ Bank Statement, Property or Utility Bill with
signature	current address
☐ Pilot's license	☐ 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:
 City of Barre, PO Box 418, Barre VT 05641. Call with questions: (802) 476-0242

FOR OFFICE USE ONLY:

ID check and validated by:

Fee Enclosed:

Date:
Check #