



Guilford Town Office  
236 School Rd  
Guilford, VT 05301

## 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)

☐ 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 the **Vermont Department of Health**.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Employee Photo ID Card with a Pay Stub or         | <input type="checkbox"/> Voter's Registration Card                             |
| U.S. Internal Revenue W-2 Form   | <input type="checkbox"/> Filed Federal Tax Form with current address           |
| <input type="checkbox"/> School, University or College Photo ID with       | and signature  |
| Report Card or other proof of current enrollment                           | <input type="checkbox"/> Bank Statement, Property or Utility Bill with current |
| <input type="checkbox"/> Federal or State Corrections or Prisons issued ID | address  |
| <input type="checkbox"/> Social Security or Medicare Card with your        | <input type="checkbox"/> U.S. or State Court documents with current address    |
| signature  | <input type="checkbox"/> A receipt from a licensed health care provider with   |
| <input type="checkbox"/> Pilot's license                                   | name and current address   |
| <input type="checkbox"/> Car Registration or Title with current address    | <input type="checkbox"/> First class mail with name and current address        |
| <input type="checkbox"/> U.S. Selective Service Card                       |  |

**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 made out to "Town of Guilford",  
and a self-addressed envelope to: Guilford Town Office, 236 School Rd, Guilford, VT, 05301**