



## Application for Certified Copy of Vermont Birth or Death Certificate

TOWN OF MONKTON, VT

Use this form to request a certified birth certificate or death certificate for one person.  
Multiple copies of the same certificate can be requested with this form.

### Birth Certificate (BC)

Name of Child: First \_\_\_\_\_ Middle \_\_\_\_\_ Last\* \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex\*: ☐ Male ☐ Female Town of Birth\*: \_\_\_\_\_  
Name of Mother/Parent: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Name of Father/Parent: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Is this a Certificate of Live Birth for a Foreign-Born Child? ☐ Yes ☐ No

### Death Certificate (DC)

Name of Deceased: First \_\_\_\_\_ Middle \_\_\_\_\_ Last\* \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Death\*: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex\*: ☐ Male ☐ Female Town of Death\*: \_\_\_\_\_  
Name of Mother/Parent: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Name of Father/Parent: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

### Applicant Information

Your Name: First\* \_\_\_\_\_ Middle \_\_\_\_\_ Last\* \_\_\_\_\_  
If funeral home employee, add business name: \_\_\_\_\_  
Mailing Address\*: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Daytime Phone\*: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Relationship to Person Named on Certificate\*

- |  |  |
|--|--|
| <input type="checkbox"/> Self (BC only)                              | <input type="checkbox"/> Authorized by Court Order (must present document) |
| <input type="checkbox"/> Spouse                                      | <input type="checkbox"/> Authority for Final Disposition (DC only)         |
| <input type="checkbox"/> Child                                       | <input type="checkbox"/> Social Security Administration (DC only)          |
| <input type="checkbox"/> Parent                                      | <input type="checkbox"/> U.S. Department of Veterans Affairs (DC only)     |
| <input type="checkbox"/> Sibling                                     | <input type="checkbox"/> Deceased's Insurance Carrier (DC only)            |
| <input type="checkbox"/> Grandparent                                 |  |
| <input type="checkbox"/> Legal Guardian                              |  |
| <input type="checkbox"/> Court Appointed Executor or Administrator   |  |
| <input type="checkbox"/> Petitioner for Decedent's Estate (DC only)  |  |
| <input type="checkbox"/> Legal Representative (for one of the above) |  |

\* = Required Field

**REQUEST FOR A CERTIFIED COPY OF A BIRTH OR DEATH CERTIFICATE**

**Identification Document(s)\*:**

**Choose one (1) primary document or two (2) alternate documents that you are providing with this request.**

**Primary Document**

- ☐ 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)

Document # \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Alternate Documents**

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

- ☐ Employment 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
- ☐ Department of Corrections ID Card with probation documents or discharge papers
- ☐ 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 or Utility Bill (gas, water, electric, sewer, phone) with current address
- ☐ U.S. or State Court documents with current address

**Order Summary**

Total Number of Copies Requested: \_\_\_\_\_ x \$10.00 each = Order Total: \$ \_\_\_\_\_

Make checks or money orders (U.S. funds) payable to \_\_\_\_\_. Mail your payment with this form and a self-addressed envelope to \_\_\_\_\_.

Or bring this completed form with your payment to \_\_\_\_\_.

**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\*:

FOR OFFICE USE ONLY:

ID checked and validated by:

CID:

CPA-B:

CPA-E:

Fee enclosed: \$

Date:

Check Number: