

Town of Charleston
 (802) 895-2814
 FAX (802) 895-2714
 townofcharlestonvt@comcast.net

Application for Certified Copy of Vermont Birth or Death Certificate

5063 VT Route 105
 West Charleston VT 05872

**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 at Birth (surname): _____
 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: _____ Date of Birth*: ____/____/____
 Daytime Phone*: (____) _____ - _____ Email Address: _____

Applicant's Relationship to Person Named on Certificate*

- | | |
|---|--|
| <input type="checkbox"/> Self (BC only) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <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) | <input type="checkbox"/> Authorized by Court Order (must present document) <input type="checkbox"/> Authority for Final Disposition (DC only) <input type="checkbox"/> Social Security Administration (DC only) <input type="checkbox"/> U.S. Department of Veterans Affairs (DC only) <input type="checkbox"/> Deceased's Insurance Carrier (DC only) |
|---|--|

* = Required Field

Applicant's Identification Document(s)*:

Submit a copy of one (1) of these documents

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

Document # _____

Expiration Date: ___/___/___

"Affidavit of Homeless Status" form

Documentation from Vermont Department of Corrections substantiating identity

Or submit copies of two (2) of these documents
 These 2 documents together must show 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

Federal or State ID issued by departments, bureaus, or agencies of corrections or prisons

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

Order Summary

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

Make checks or money orders (U.S. funds) payable to _____

Mail payment with this completed form, copy of identification and a self-addressed envelope to: _____

Or bring completed form, identification and 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: _____ Date: _____

CID: _____ CPA-B: _____ CPA-E: _____ Fee enclosed: \$ _____ Check Number: _____