



Application for Certified Copy of Vermont Birth or Death Certificate

Town of Corinth
PO Box 461
1387 Cookeville Rd.
Corinth, Vermont
05039

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) | |

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 Town of Corinth. Mail your payment with this form and a self-addressed envelope to Town of Corinth, PO Box 461 Corinth VT 05039.

Or bring this completed form with your payment to 1387 Cookeville Rd. Corinth VT during Town Clerk hours.

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: