Town of KILLINGTON Vermont

Application for Certified Copy of Vermont Birth or Death Certificate

Town Clerk, PO Box 429
Killington, VT 05751

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*: ____ /ʎůèY ψψψψψψψψψψψψψψψψψψψψψψψψψψ

State: _____ψψψψψψψψψψψ ½ʎLJ Ǒ2ŘŜY ψψ ψψ ψψ ψψ ψψ   9Y l·ʎ ! ŘŘŜăăY ψψψψψψψψψψψψψψψψψψψψψψψψψψψψψψ

Daytime Phone*: (__ __ __) __ __ __-__ __ __ __   5l·ůŜ 2Ŧ .ʎůKꜰY ψψ ψψKψψ ψψKψψ ψψ ψψ ψψ

Relationship to Person Named on Certificate*

- ☐ Self (BC only)
- ☐ Spouse
- ☐ Child
- ☐ Parent
- ☐ Sibling
- ☐ 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 (must present document)
- ☐ 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)

* = Required Field   July 1, 2019

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: Date:
CID: CPA-B: CPA-E: Fee enclosed: $ Check Number:

VERMONT
DEPARTMENT OF HEALTH