

# Adoptee's Application for Copy of Original Birth Certificate

## Applicant Information:

Applicant's relationship to person named on the original birth certificate:

- I am the adopted person and 18 years of age or older.
- I am 18 years of age or older and a direct descendant of the adopted person who is deceased.
- I am the parent or guardian of a minor direct descendant of the adopted person who is deceased.

Applicant's current legal name: \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address: \_\_\_\_\_  
(Number and Street) (City/Town) (State/Country) (Zip)

Daytime Phone: ( ) \_\_\_\_\_ Email address: \_\_\_\_\_

## Information from Current Birth Certificate (post-adoption birth certificate):

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ City/Town of Birth: \_\_\_\_\_  
(mm/dd/yyyy)

## Information from Original Birth Certificate (pre-adoption birth certificate)

Name on Original Birth Certificate, if known:

\_\_\_\_\_  
(First) (Middle) (Last)

Birth Mother's/Parent's Name, if known:

\_\_\_\_\_  
(First) (Middle) (Last)

Birth Father's/Parent's Name, if known:

\_\_\_\_\_  
(First) (Middle) (Last)

I understand that for the Vermont Department of Health to process this application that I must include:

- Check or money order for \$10.00 payable to “Vermont Department of Health” and
- Copy of the adoptee’s current birth certificate and if deceased, a copy of the death certificate.

**Share Information with Vermont Adoption Registry? Check one.**

- YES, forward a copy of my application to the Vermont Adoption Registry so they can contact me if additional information is available.
- NO, do not forward a copy of my application to the Vermont Adoption Registry. I will contact the Registry if I wish to inquire about any additional information. Vermont Adoption Registry phone: (802) 241-0906.

**Applicant Attestation: Sign your name ONLY in the presence of a Notary Public.**

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 affirm the information provided on this form is accurate and I am eligible to receive a copy of the original birth certificate for the adopted person named above.*

▶ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Notary Public:** Signed and sworn before me on: \_\_\_\_\_  
(Date)

▶ Signature of Notary Public: \_\_\_\_\_ State and county of: \_\_\_\_\_

Commission Number: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

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| <b>Mail:</b> <ul style="list-style-type: none"><li>• \$10 payment</li><li>• completed form</li><li>• adoptee’s current birth certificate (and, if applicable, adoptee’s death certificate)</li></ul> | <b>To:</b> <p>Vital Records<br/>Vermont Department of Health<br/>280 State Drive<br/>Waterbury, VT 05671-8370</p> |
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