



DEPARTMENT OF HEALTH

Vital Records Office
P.O. Box 70
Burlington, VT 05402

CERTIFIED COPY OF A VITAL RECORD

FOR OFFICIAL USE ONLY:

CID: _____

CPA-B: _____

CPA-E: _____

USE THIS FORM FOR VITAL EVENTS OCCURRING FROM 2012 – PRESENT ONLY*

**Civil Union Dissolutions and Foreign Born Birth Certificates for all years.*

CERTIFICATES PRIOR TO 2012 CAN BE ORDERED FROM
[THE VERMONT STATE ARCHIVES AND RECORDS ADMINISTRATION \(VSARA\)](#)

INDIVIDUAL REQUESTING THE CERTIFICATE:

Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone: () _____ Email Address: _____
Relationship to person named on certificate: _____
Purpose of request: Social Security School Enrollment Passport Driver's License
 Family History Other (specify): _____

BIRTH CERTIFICATE

Number of Copies Requested _____ x \$10 each
Foreign Born Certificate? Yes No
Name of Child: _____ Date of Birth: _____
Mother's/Parent's Name: _____

DEATH CERTIFICATE

Number of Copies Requested _____ x \$10 each
Name of Deceased: _____ Date of Death: _____
Date of Birth: _____

CIVIL MARRIAGE CERTIFICATE

Number of Copies Requested _____ x \$10 each
Name of Party A: _____ Date of Marriage: _____
Name of Party B: _____

DIVORCE/DISSOLUTION CERTIFICATE

Number of Copies Requested _____ x \$10 each
Name of Party A: _____ Date of Divorce/Dissolution: _____
Name of Party B: _____

Total Number of Certificates Ordered: _____ Cost Each: \$10.00 Order Total: \$ _____

Make checks or money orders (U.S. funds) payable to the *Vermont Department of Health* and mail your payment with this form and a self-addressed envelope to the address shown above.