



Vital Records Office  
280 State Drive  
Waterbury, VT 05671-8370

**Statement of Information to Appear on  
Delayed Certificate of Birth  
Pursuant to 18 VSA § 5075(b)**

**Child's Information**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Sex:  Male  Female  
City or Town of Birth: \_\_\_\_\_

**Mother's/Parent's Information**

**Name at the time of the child's birth:**  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Last Name at Parent's Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
U.S. State or Foreign Country of Birth: \_\_\_\_\_  
Residence at Time of Birth: City or Town \_\_\_\_\_ State \_\_\_\_\_

**Father's/Parent's Information**

**Name at the time of the child's birth:**  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
U.S. State or Foreign Country of Birth: \_\_\_\_\_

**Applicant's Signature**

Signature: \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Print Name: \_\_\_\_\_  
Relationship to Child Named on Certificate: \_\_\_\_\_  
**Signed and sworn to before me on: Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public* \_\_\_\_\_  
*Expiration Date*