

Vital Records Office  
Vermont Department of Health  
280 State Drive  
Waterbury, VT 05671-8370  
802-863-7275 or 800-439-5008 (in VT only)  
**Application for Delayed Certificate of Birth**  
Pursuant to 18 VSA § 5075(b)

**Applicant Information**

Name (First, Middle, Last, Suffix)	
Date of Birth (mm/dd/yyyy)	Phone Number (xxx-xxx-xxxx)

**Attorney Representing Applicant**

Name (First, Middle, Last, Suffix)		Street Address	
City	State	Phone Number (xxx-xxx-xxxx)	

**Statement of Request**

To the best of my knowledge, no certificate of birth was filed during the first year following the birth of the person for whom the delayed certificate is requested.

I am a parent of \_\_\_\_\_, the child for whom I am requesting a delayed certificate of birth. My child was born in \_\_\_\_\_, Vermont.

I am requesting a delayed certificate of birth for myself. I was born in \_\_\_\_\_, Vermont.

**Attached Documents**

Statement of Information to Appear on Delayed Certificate of Birth

Supporting Documents for establishing the facts:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Applicant Signature**

Signature	Date Signed (mm/dd/yyyy)
Print Name	

**Signature of Notary Public**

Signed and sworn to before me on Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
Signature of Notary Public	

**Return this completed application and the documents identified above to:**

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