

**Vital Records Office
Vermont Department of Health
280 State Drive
Waterbury, VT 05671-8370
802-863-7275 or 800-439-5008 (in VT only)**

Affidavit of Homeless Status

Please read the following information before filling out the form on the next page.

About this Form

- A person experiencing homelessness may prove their identity to be eligible to receive a certified copy of a birth certificate by providing a completed Affidavit of Homeless Status.
- Both the applicant and a legal representative of the homeless services provider must sign the Affidavit.
- The Affidavit must be submitted with the [Application for Certified Copy of Vermont Birth or Death Certificate](#).
- The Vermont Department of Health's Office of Vital Records may request additional documentation as necessary for the positive identification of the applicant.

Eligibility

- Requests may be made by a person experiencing homelessness, who can verify their status as a homeless person.
- A "homeless person" has the same meaning as defined in [42 United States Code Section \(U.S.C.\) 11302](#).
- A "homeless services provider," as defined by the [Vital Records Rule](#), who has knowledge of a person's status as homeless, must provide verification by completing the Affidavit.
- To be complete, the Affidavit must be signed by both the legal representative of the homeless services provider and the homeless person applying for the birth certificate.

A "Homeless Services Provider" Includes:

1. A governmental or nonprofit agency receiving federal, state, or municipal funding to provide services to a "homeless person" or "homeless child or youth," or that is otherwise sanctioned to provide those services by a local homeless continuum of care organization.
2. An attorney licensed to practice law in Vermont and who is representing a client for whom the request for a certified copy of a birth certificate is being made.
3. A local educational agency liaison for homeless children and youth, or a school social worker.
4. A human services provider or public social services provider funded by the State of Vermont to provide homeless children or youth services, health.

Applicant's Information

This section needs to be completed by the "Applicant," the person making the request for the certified copy of a birth certificate.

I, _____ swear or affirm, to the best of my knowledge and belief, that on the date listed below in this section, I am a homeless person;

Signature of Applicant: _____

Date: _____

Homeless Service Provider's Information

This section needs to be completed by a legal representative of the "homeless services provider," as defined in the Vital Records Rule.

Name of the Homeless Services Provider Entity or Organization Verifying the Applicant's Homelessness:

Mailing Address:

Daytime Phone

Email Address:

I, _____ swear or affirm, to the best of my knowledge and belief that on the date listed below in this section, _____ is a homeless person, as defined by 42 U.S.C. Section 11302, and that I meet the requirements of a "homeless services provider" as defined within the Vermont Department of Health's Vital Records Rule.

Signature of Legal Representative: _____

Date: _____