



**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 2013 – PRESENT ONLY\***

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

CERTIFICATES PRIOR TO 2013 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.