

Adoptee's Application for Copy of Original Birth Certificate

Applicant Information:

Applicant's relationship to person named on the original birth certificate:

- I am the adopted person and 18 years of age or older.
- I am 18 years of age or older and a direct descendant of the adopted person who is deceased.
- I am the parent or guardian of a minor direct descendant of the adopted person who is deceased.

Applicant's current legal name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Number and Street) (City/Town) (State/Country) (Zip)

Daytime Phone: () _____ Email address: _____

Information from Current Birth Certificate (post-adoption birth certificate):

Name: _____
(First) (Middle) (Last)

Date of birth: _____ Sex: _____ City/Town of Birth: _____
(mm/dd/yyyy)

Information from Original Birth Certificate (pre-adoption birth certificate)

Name on Original Birth Certificate, if known:

(First) (Middle) (Last)

Birth Mother's/Parent's Name, if known:

(First) (Middle) (Last)

Birth Father's/Parent's Name, if known:

(First) (Middle) (Last)

I understand that for the Vermont Department of Health to process this application that I must include:

- Check or money order for \$10.00 payable to “Vermont Department of Health” and
- Copy of the adoptee’s current birth certificate and if deceased, a copy of the death certificate.

Share Information with Vermont Adoption Registry? Check one.

- YES, forward a copy of my application to the Vermont Adoption Registry so they can contact me if additional information is available.
- NO, do not forward a copy of my application to the Vermont Adoption Registry. I will contact the Registry if I wish to inquire about any additional information. Vermont Adoption Registry phone: (802) 241-0906.

Applicant Attestation: Sign your name ONLY in the presence of a Notary Public.

Any person who knowingly makes a false statement, misrepresentation, or certification as to any material fact on this application shall be fined not more than \$10,000 or imprisoned for not more than six months or both. 18 V.S.A. § 131(c).

I affirm the information provided on this form is accurate and I am eligible to receive a copy of the original birth certificate for the adopted person named above.

▶ Signature of Applicant: _____ Date: _____

Print Name: _____

Notary Public: Signed and sworn before me on: _____
(Date)

▶ Signature of Notary Public: _____ State and county of: _____

Commission Number: _____ Commission Expiration Date: _____

Mail: <ul style="list-style-type: none">• \$10 payment• completed form• adoptee’s current birth certificate (and, if applicable, adoptee’s death certificate)	To: <p>Vital Records Vermont Department of Health 108 Cherry Street, PO Box 70 Burlington, VT 05402</p>
--	--