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

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 (xxx-xxx-xxxx) Email address

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

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

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

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:	To:
• $10 payment • completed form • adoptee's current birth certificate (and, if applicable, adoptee's death certificate)	Vital Records Vermont Department of Health 280 State Drive Waterbury, VT 05671-8370

Clear Form