

Application for Delayed Certificate of Birth Pursuant to 18 VSA § 5075(b)

Applicant Information

Name: First _____ Middle _____ Last _____ Suffix _____

Date of Birth: ___ / ___ / _____ Phone Number: (____) _____ - _____

Email Address: _____

Attorney Representing Applicant:

Name: _____ Address: _____

City: _____ State: _____ Phone Number: (____) _____ - _____

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: ___ / ___ / _____

Print Name: _____

Signed and sworn to before me on: Date ___ / ___ / _____

Signature of Notary Public

Expiration date

Return this completed application and the documents identified above to:

VT Dept of Health
Vital Records
280 State Dr.
Waterbury, VT 05671-8370