

Ibiro vy'ububiko bw'impapuro
ndangamuntu zihambaye
PO Box 70
Burlington, VT 05402

Insiguro

- Umuntu atagira aho aba arashobora kwerekana neza ko vy'ukuri uwo ariwe kugira ashirwe ku rutonde rwabamererwa kuronswa urupapuro rutegekanywa n'amategeko rwemeza amavuko yiwe mu gutanga urupapuro rwemeza ko atagira aho aba kandi rwujuje neza.
- **Bompi** uwanditse asaba hamwe n'uwuserukira amategeko mu bijanye n'ibikorwa bigenewe abatagira aho baba bategerezwa gushira umukono kuri urwo rupapuro rwemeza ko atagira aho aba.
- Urupapuro rwemeza ko utagira aho uba "Affidavit" rutegerezwa gutangirwa [hamwe n'urundi rwo gusaba urupapuro ndangamuntu rwemeza amavuko canke urupapuro rwemeza ko umuntu yitavye Imana muri Reta ya Vermont](#)¹.
- Ibiro bijejwe kubika amakuru nkoramutima vy'igisata mu bushikiranganji bujewe kubungabunga amagara y'abantu muri Reta ya Vermont birashobora gusaba ko hakorwa ayandi matohoza mu gihe bikenewe kugira umwidondoro wuwanditse asaba izo mpapuro umenyekane neza.

Ibisabwa kugira umuntu aronswe uburenganzira bwo guhabwa urupapuro rw'amavuko ruzwi n'amategeko muri Reta ya Vermont:

- Urwo rupapuro rushobora gusabwa n'umuntu afise ingorane zo kutagira aho aba, ashobora kwerekana vy'ukuri ko ari umuntu atagira aho aba.
- Umuntu "atagira aho aba" bifise insiguro imwe nkiyiri mw'itegeko rya [reta zunze ubumwe za Amerika mu kigabane ca 42 agace ka \(U.S.C.\) 11302](#)².
- "Uwujewe ibikorwa vyo kwitaho abatagira aho baba" nk'uko bitomorwa n'itegeko [rijanye 'ingene impapuro nkenerwa zibikwaagace ka](#)³, asanzwe azi neza ko uwo muntu atagira aho aba, ategerezwa gutanga ivyemeza mu kwuzura urupapuro 'Affidavit' rwemeza ko umuntu atagira aho aba.
- Kugira urwo rupapuro rugire agaciro gakwiye, **bompi** uwuserukira imbere y'amategeko urwego rujewe ibikorwa vyo kwitaho abatagira aho aba hamwe n'uwo atagira aho aba ariko asaba urupapuro rw'amavuko, bategerezwa kuruterako umukono.

"Urwego rw'uwujewe ibikorwa vyo kwitaho abatagira aho baba" rugizwe:

- 1) Ishirahamwe rya reta canke ridaharanira inyungu rironswa infashanyo y'amafaranga ya reta zunze ubumwe, ya reta canke y'akarere kugira rikorere ibikorwa "umuntu atagira aho aba" canke "umwana canke umuyabaga atagira aho aba" canke ibi bikorwa bigasabwa gukorwa n'ishirahamwe ry'itaho abatagira aho baba rimwegereye.
- 2) Umwunganizi mu bijanye n'amategeko yemerewe gukorera i Vermont kandi aserukira uwutagira aho aba yasavye ikopi y'icemezo c'amavuko kiriko kirakorwa.
- 3) Ishami ry'ishirahamwe rijewe indero rimwegereye ryitaho abana batagira aho baba hamwe n'imiyabaga, canke uwujewe ivy'ikibano kw'ishure.
- 4) Uwujewe ibikorwa vy'abantu canke uwujewe ibikorwa vy'ikibano akorera reta ahabwa infashanyo na reta ya Vermont kugira afashe abana canke imiyabaga itagira aho iba, afashe mu bikorwa bijanye n'amagara, mu bikorwa bijanye n'amagara yo mu mutwe canke mu bikorwa bijanye n'inyifato, ibikorwa bijanye no gufasha abashegeshwe n'ibiyuramutwe canke ibikorwa bijanye no kuronderera akazi abantu.

¹ healthvermont.gov/sites/default/files/documents/pdf/HS_VR_App_Certified-Copy-Birth-Death-Form.pdf

² <https://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter119&edition=prelim>

³ <https://www.healthvermont.gov/about-us/laws-regulations/rules-and-regulations>

Urwandiko rwemeza ko umuntu atagira aho aba

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Urasabwa gusoma amakuru ari kuri paje ibanza imbere yo kwuzuzwa iyi nyandiko yemeza ko umuntu atagira aho aba 'Affidavit'

Amakuru y'uwasaba

Iki gice kigenewe kwuzuzwa "n'uwasaba", umuntu asaba guhabwa ikopi y'icemezo c'amavuko iteweko igikumu na noteri.

Jewe, _____ ndarahiye canke ndemeje, mu bumenyi bwose nfisha hamwe n'ivyo nemera,

Izina ry'uwasaba

ko kw'igenekerezo ryavuzwe hepfo muri uru rwandiko, ndi umuntu atagira aho aba;

Igikumu c'uwasaba: _____ Itariki y'amavuko: ___/___/_____

Amakuru yerekeye uwujijwe ibikorwa vyo gufasha uwutagira aho aba

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

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
Printed Name of Legal Representative

that on the date listed below in this section, _____
Printed Name of Homeless Person

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: ___/___/_____