



DEPARTMENT OF HEALTH

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

**Statement of Information to Appear on
Delayed Certificate of Birth
Pursuant to 18 VSA § 5075(b)**

Child's Information

Name: First _____ Middle _____ Last _____ Suffix _____

Date of Birth: ___ / ___ / _____

Sex: Male Female

City or Town of Birth: _____

Mother's/Parent's Information

Name at the time of the child's birth:

First _____ Middle _____ Last _____ Suffix _____

Last Name at Parent's Birth: _____

Date of Birth: ___ / ___ / _____

U.S. State or Foreign Country of Birth: _____

Residence at Time of Birth: City or Town _____ State _____

Father's/Parent's Information

Name at the time of the child's birth:

First _____ Middle _____ Last _____ Suffix _____

Date of Birth: ___ / ___ / _____

U.S. State or Foreign Country of Birth: _____

Applicant's Signature

Signature: _____ Date Signed ___ / ___ / _____

Print Name: _____

Relationship to Child Named on Certificate: _____

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

Signature of Notary Public

Expiration Date