

TOWN OF FORT FAIRFIELD
APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time.

Make check payable to "Town of Fort Fairfield"

Please fill in the following information for location and record identification.

****PLEASE PRINT****

Full Name on Birth Record: _____

Date of Birth: _____ Number of Copies Requested: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Applicant's Name: _____

Applicant's Address: _____

Indicate your Relationship to the person on requested record below:

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Genealogist ID # _____ |

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____ Today's Date: _____

Below line is for Clerk's use only

Proof of identity of applicant:

Applicant must provide one of these:

- | | | |
|---|--|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government issued picture I.D. |
| <u>OR two of these:</u> | | |
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> Department of Corrections I.D. | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> DD 214 | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Hospital; birth worksheet | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> A previously issued vital record | | <input type="checkbox"/> Other _____ |

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials: _____