

**TOWN OF FORT FAIRFIELD**  
**APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD**

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time.  
Plus an additional \$1.00 postage fee.

*Make check payable to "Town of Fort Fairfield"*

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

**\*\*PLEASE PRINT\*\***

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse                      | <input type="checkbox"/> Attorney of person on record                  |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Genealogist ID # _____                        |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> None of the above (short form will be issued) |
| <input type="checkbox"/> Guardian                    |  |
| <input type="checkbox"/> Descendant                  |  |

*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 |
|---|-----------------------------------|--|

**OR two of these:**

- |   |  |  |
|---|--|--|
| <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: \_\_\_\_\_