

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.

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: _____