TOWN OF FORT FAIRFIELD
APPLICATION FOR A CERTIFIED COPY OF A MARRIAGE 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 Maiden Name of Party A: ____________________________________________________

Full Name of Party B: _________________________________________________________

Date of Marriage: ________________________ Number of Copies Requested: ________

Applicant’s Name: ____________________________________________________________

Applicant’s Address: _________________________________________________________

Indicate your Relationship to the person on requested record below:

☐ Self/Spouse ☐ Descendant
☐ Parent ☐ Attorney of person on record
☐ Guardian ☐ 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:

☐ Driver’s License ☐ Passport ☐ Government issued picture I.D
☐ Utility bills ☐ Letter from government agency requesting record (DHHS, WIC)
☐ Bank statements ☐ Department of Corrections I.D. ☐ License/rental agreement
☐ Vehicle registration ☐ Social Security Card ☐ Pay stub
☐ Income tax return ☐ DD 214 ☐ W-2
☐ Personal Check w/ address ☐ Hospital; birth worksheet ☐ Voter Registration card
☐ A previously issued vital record ☐ 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

Issuing Clerk’s Initials: _______________

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