

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:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Guardian | <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 |
|---|-----------------------------------|--|

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: _____