

**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.

*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: \_\_\_\_\_