### Birth Certificate

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name on birth record</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>How many copies?</td>
<td></td>
</tr>
<tr>
<td>Parents Names (with mother’s maiden)</td>
<td></td>
</tr>
<tr>
<td>Applicant Name</td>
<td></td>
</tr>
<tr>
<td>Applicant Address</td>
<td></td>
</tr>
</tbody>
</table>

Indicate your Relationship to the person on requested record below:
- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # ____________

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: ____________________________

Today’s Date: ____________________________

$15 for 1st copy, $6 for each additional copy

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### Death Certificate

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Decedent</td>
<td></td>
</tr>
<tr>
<td>Date of Death</td>
<td></td>
</tr>
<tr>
<td>How many copies?</td>
<td></td>
</tr>
<tr>
<td>Applicant Name</td>
<td></td>
</tr>
<tr>
<td>Applicant Address</td>
<td></td>
</tr>
</tbody>
</table>

Indicate your Relationship to the person on requested record below:
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # ____________
- None of the above (short form will be issued)

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: ____________________________

Today’s Date: ____________________________

$15 for 1st copy, $6 for each additional copy

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### Marriage License

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Maiden Name of Bride</td>
<td></td>
</tr>
<tr>
<td>Full Name of Groom</td>
<td></td>
</tr>
<tr>
<td>Date of Marriage</td>
<td></td>
</tr>
<tr>
<td>How many copies?</td>
<td></td>
</tr>
<tr>
<td>Applicant Name</td>
<td></td>
</tr>
<tr>
<td>Applicant Address</td>
<td></td>
</tr>
</tbody>
</table>

Indicate your Relationship to the person on requested record below:
- Self/Spouse
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # ____________

By signing below, I swear/affirm that the information above is true and correct.

Applicant Signature: ____________________________

Today’s Date: ____________________________

$15 for 1st copy, $6 for each additional copy

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See page 2 for proofs of identity.
Proof of identity of applicant:

Applicant must provide one of these:
- Driver’s License
- Passport
- Government issued picture I.D.

OR two of these:
- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- 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

FEES: $15.00 for 1st certified copy, $6.00 for additional copies of same record gotten at same time. If by mail there is a $1.00 mailing fee. GENEALOGY search:
RESIDENTS $1.00 per Name –
NON RESIDENT $3.00 per Name
(these are not legal copies)

Make checks payable to:

Town of Fort Fairfield

and mail request to –

ATTN: Town Clerk

Town of Fort Fairfield
18 Community Center Drive
Fort Fairfield, ME 04742