

Birth Certificate

Name on birth record:

Date of Birth: _____

How many copies? _____

Parents Names (with mother's maiden):

Applicant Name:

Applicant Address:

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, Plus \$1.00 for Postage

Death Certificate

Full Name of Decedent:

Date of Death: _____

How many copies? _____

Applicant Name:

Applicant Address:

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, Plus \$1.00 for Postage

Marriage License

Full Maiden Name of Bride:

Full Name of Groom:

Date of Marriage: _____

How many copies? _____

Applicant Name:

Applicant Address:

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: _____

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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: \$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