

TOWN OF FALMOUTH, MAINE

Town Clerk's Department

REQUEST FOR CERTIFIED COPY OF A VITAL RECORD

<input type="radio"/> Birth Certificate	<input type="radio"/> Death Certificate	<input type="radio"/> Marriage Certificate
---	---	--

DATE REQUESTED: _____

NAME ON RECORD: _____

DATE OF BIRTH, MARRIAGE OR DEATH: _____

NAME OF PERSON OR FUNERAL HOME REQUESTING CERTIFIED COPY:

RELATIONSHIP TO NAME ON RECORD: _____

ADDRESS OF PERSON REQUESTING RECORD: _____

TELEPHONE NUMBER YOU MAY BE REACHED AT: _____ (Mandatory)

NUMBER OF COPIES REQUESTED: _____ VA COPY REQUESTED: _____ YES _____ NO

PLEASE SELECT A REASON FOR REQUEST:

<input type="radio"/> Personal Records/Use	<input type="radio"/> Social Security/Card Benefits
<input type="radio"/> Identification	<input type="radio"/> Passport
<input type="radio"/> Legal Purposes	<input type="radio"/> Insurance/Pension/Retirement
<input type="radio"/> Estate Settlement/Inheritance	<input type="radio"/> Genealogy/Family History
<input type="radio"/> Government Assistance/Benefits	<input type="radio"/> Other/Specify: _____

SIGNATURE OF APPLICANT: _____

PLEASE INDICATE YOUR METHOD OF PAYMENT:

FEES: \$15.00 FIRST CERTIFIED COPY \$ 6.00 EACH ADDITIONAL COPY

<input type="radio"/> Check # _____	<input type="radio"/> Cash	<input type="radio"/> Credit Card (Fees May Apply)
-------------------------------------	----------------------------	--

- CASH, CHECK (PAYABLE TO TOWN OF FALMOUTH) OR CREDIT CARD
- ALL FEES ARE NON-REFUNDABLE

BY MAIL:

TOWN OF FALMOUTH, CLERK'S DEPARTMENT,
271 FALMOUTH RD., FALMOUTH, ME 04105
PHONE: 207-781-5253 FAX: 207-781-3640

***INCLUDE I.D., PROOF OF LINEAGE, CHECK & SELF-ADDRESSED STAMPED ENVELOPE**

Applicant must provide one of these:

OR two of these:

Driver's License	Utility Bills	Bank Statements
Passport	Vehicle Registration	Income Tax Returns
Gov't issued picture I.D.	Personal Check w/Address	Previously Issued Vital Record
	Letter from Gov't Agency	Social Security Card
	DD 214	Hospital; birth worksheet
	License/Rental Agreement	Pay Stub
	W-2	Voter Registration Card
	Disability Award from SSA	Dept. of Corrections I.D. card

Cause of Death

Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded. If you are requesting such information, please complete the following question, read and sign the certification statement below:

If no, on what basis do you represent decedent (check one):

- Attorney, physician or funeral director
- Other agent authorized in writing by the decedent's immediate family or descendants thereof, (Present written statement of authorization)

I hereby certify that I am the applicant named above and that I request a certified copy of the death record including the confidential medical information on cause of death, for the above-named decedent, in accordance with 22 MRSA subsection 2706 and 10-146 CMR Ch.7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

Signature: _____

Printed Name: _____

STATE FILE NUMBER (If Known): _____

Office Use Only: Document seen for proof of identity: _____

Office Use Only – Safety Paper Numbers:

