

TOWN OF FALMOUTH, MAINE

Town Clerk's Department

REQUEST FOR NON-CERTIFIED COPY OF A VITAL RECORD OR GENEALOGY RESEARCH REQUEST

<input type="radio"/> Birth Certificate 75 YEARS OR OLDER No Lineage Needed	<input type="radio"/> Death Certificate 25 YEARS OR OLDER No Lineage Needed	<input type="radio"/> Marriage Certificate 50 YEARS OR OLDER No Lineage Needed
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DATE REQUESTED: _____

NAME ON RECORD: _____

DATE OF BIRTH, MARRIAGE OR DEATH: _____

NAME OF PERSON REQUESTING NON-CERTIFIED COPY OR GENEALOGY RESEARCH:

RELATIONSHIP TO NAME ON RECORD: _____

ADDRESS OF PERSON REQUESTING RECORD: _____

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

NUMBER OF COPIES REQUESTED: _____

DO YOU HAVE A VALID RESEARCHER ID CARD ISSUED BY THE STATE OF MAINE?

_____ **YES (PLEASE ATTACH A COPY OF THE CARD)** _____ **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: _____

ADDITIONAL INFORMATION THAT WOULD BE HELPFUL IN OUR RESEARCH OF YOUR REQUEST:

SIGNATURE OF APPLICANT: _____

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 (IF NEEDED - SEE DEFINITIONS ON 1ST PAGE UNDER BIRTH/DEATH/MARRIAGE), 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

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