Town of Boothbay Harbor, Maine

Application for a certified copy of a DEATH Record

$15.00 for first copy, $6.00 for each additional copy of the same record purchased at the same time.

**MUST INCLUDE A PHOTOCOPY OF GOVERNMENT ISSUED PHOTO I.D.**

*Make check payable to “Town of Boothbay Harbor”*

Full Name of Deceased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town of Death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Complete Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Relationship: [ ] Self [ ] Parent [ ] Spouse [ ] Child [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What basis is the certificate needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE PROVIDE PROOF OF LINEAGE OR DIRECT & LEGITIMATE INTEREST***

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

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many certified copies? \_\_\_\_\_\_\_\_\_\_\_\_\_

MAIL REQUEST TO: Town of Boothbay Harbor, 11 Howard Street, Boothbay Harbor, ME 04538

**MUST INCLUDE A PHOTOCOPY OF A GOVERNEMNT ISSUED PHOTO I.D.**

**\*\*PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE\*\***

Please note a 2.5% processing fee will be added to all debit & credit card purchases

**A $1.00 minimum fee will be charged for all debit and credit card transactions**

Fax Number (207) 633-7712 If you are faxing your request please include the following:

Signature of cardholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the credit card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-digit Security Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For Clerk’s Use Only***

**Proof of Identity of applicant:**

***Applicant must provide one of these****:*

* Driver’s License
* Passport
* Government issued picture I.D.

***OR two of thes****e:*

* Utility bills
* Bank statements
* Vehicle registration
* Income tax return / W2
* Personal Check w/ address
* A previously issued vital record or marriage license
* 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
* Voter Registration card
* Disability award from SSA
* Medicare/Medicaid Insurance Card
* School or Employee Photo I.D.
* Other (items that include the name, address and date of birth) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order to establish eligibility to acquire record:**

* Related applicants must provide proof of lineage, plus I.D.
* Domestic Partners must provide proof of registration of domestic partnership, plus I.D.
* A spouse must provide proof of marriage, plus I.D.
* Attorneys must provide a signed, notarized release from family, plus I.D.
* Genealogists must provide a state-issued card, plus I.D.
* Government entities must provide written request of agency letterhead, plus I.D. of requestor

**Do not retain copies of proof provided or note any specific numbers**