

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 GOVERNMENT 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:

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport | |

OR two of these:

- | | |
|--|--|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> Hospital birth worksheet |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Income tax return / W2 | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> A previously issued vital record or marriage license | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> Medicare/Medicaid Insurance Card |
| <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> School or Employee Photo I.D. |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> 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