

Request for Certified Copies of Birth, Marriage and Death Certificates

Town of Dixfield, PO Box 808, Dixfield, ME 04224

\$15.00 for the first copy and \$6.00 for any additional copies purchased at the same time.

BIRTH CERTIFICATES:

Full Name on Certificate: _____
First Name Middle Name Last Name

Date of Birth: _____

Father's Full Name _____
First Name Middle Name Last Name

Mother's Full Maiden Name: _____
First Name Middle Name Last Name

MARRIAGE CERTIFICATES:

Full Maiden Name of Bride: _____
First Name Middle Name Last Name

Full Name of Groom: _____
First Name Middle Name Last Name

Date of Marriage: _____

DEATH CERTIFICATES:

Full Name of Deceased: _____
First Name Middle Name Last Name

Date of Death: _____

Information pertaining to the person requesting the Certificate

Check the appropriate box of your relationship to the person whose certificate is requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Descendant | <input type="checkbox"/> Genealogist ID# _____ |
| <input type="checkbox"/> Other _____ | | |

Applicant's Name: (Please Print) _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Number of Copies Requested: _____

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

Applicant's Signature: _____

Today's Date: _____

FOR MUNICIPAL 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 these:

- Utility Bills
- Bank Statements
- Vehicle registration
- Income tax return/W2
- 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
- DD214
- Hospital; birth worksheet
- License/rental agreement
- Pay Stub
- Voter Registration Card
- Disability award from SSA
- Medicare or Medicaid Card
- School or Employee Photo I.D.
- Other (items that include the name, address and date of birth): _____

In order to establishing 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.
- Government entities must provide written request of agency letterhead, plus I.D. of requester

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

Clerk's Initials: _____

of Copies Issued: _____

Amount Paid: _____

Date Issued: _____

Cash Check CC