

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 to Couple: [ ] 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) :<br>_____ |

**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**