

**Birth Certificate**

Name on birth record:

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

How many copies? \_\_\_\_\_

Parents Names (**with mother's maiden**):

\_\_\_\_\_

\_\_\_\_\_

Applicant Name (Person Requesting):

\_\_\_\_\_

Applicant Address & Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_
- Other

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

Applicant Signature:

\_\_\_\_\_

Today's Date: \_\_\_\_\_

**Death Certificate**

Full Name of Decedent:

\_\_\_\_\_

Date of Death: \_\_\_\_\_

How many copies? \_\_\_\_\_

Applicant Name (Person Requesting):

\_\_\_\_\_

Applicant Address & Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Funeral Home
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_
- Other

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

Applicant Signature:

\_\_\_\_\_

Today's Date: \_\_\_\_\_

**Marriage License**

Full Name at Birth of Applicant A:

\_\_\_\_\_

Full Name at Birth of Applicant B:

\_\_\_\_\_

Date of Marriage: \_\_\_\_\_

How many copies? \_\_\_\_\_

Applicant Name (Person Requesting):

\_\_\_\_\_

Applicant Address & Phone Number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- Self/Spouse
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_
- Other

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

Applicant Signature:

\_\_\_\_\_

Today's Date: \_\_\_\_\_

**Please return this form with a S.A.S.E. & payment to: Town of Pittsfield, Attn: Town Clerk  
112 Somerset Avenue, Pittsfield, ME 04967**

**\$15 for 1<sup>st</sup> copy, \$6 for each additional copy**

**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
- 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
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- Other \_\_\_\_\_

**Establishing eligibility to acquire record:**

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

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

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