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 1st 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

$15 for 1st copy, $6 for each additional copy

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