

# TOWN OF FREEPORT

## APPLICATION FOR A SEARCH AND COPY OF A VITAL RECORD (BIRTH, DEATH, MARRIAGE)

**NON-REFUNDABLE FEES:** CERTIFIED COPY **\$15.00**, ADDITIONAL CERTIFIED COPY OF SAME RECORD PURCHASED AT SAME TIME **\$6.00**, OR NON-CERTIFIED COPY STAMPED "NOT FOR LEGAL USE" **\$5.00**. GENEALOGY IN-PERSON SEARCH FEE AT TOWN HALL IS \$10.00 PER HALF HOUR, NO COPIES INCLUDED.

WHEN SENDING YOUR APPLICATION THROUGH THE MAIL, YOU MUST PROVIDE:

1. A SELF-ADDRESSED, STAMPED ENVELOPE, 2. A COPY OF IDENTIFICATION AS LISTED BELOW (TOWN CLERK WILL VERIFY AND THEN DESTROY THE COPY), 3. PROOF OF LINEAGE IF APPLICABLE. SEE "ESTABLISHING ELIGIBILITY TO ACQUIRE RECORD" SECTION BELOW.

**IDENTITY REQUIRED:** APPLICANT MUST PROVIDE ONE FORM OF ID: DRIVERS LICENSE, STATE ID, PASSPORT, MILITARY ID, OR IF YOU DON'T HAVE ANY OF THOSE DOCUMENTS, YOU MUST PROVIDE **TWO** OF THESE: UTILITY BILL, CURRENT BANK STATEMENT, VEHICLE REGISTRATION, INCOME TAX RETURN, A CERTIFIED VITAL RECORD, LETTER FROM GOVERNMENT AGENCY REQUESTING THE VITAL RECORD (DHHS, WIC, SOCIAL SECURITY, DMV), DEPARTMENT OF CORRECTIONS ID CARD, SOCIAL SECURITY CARD, DD214, HOSPITAL BIRTH WORKSHEET, RENTAL AGREEMENT, PAY STUB, W-2, VOTER REGISTRATION CARD, DISABILITY AWARD FROM SSA, PERSONAL CHECK WITH ADDRESS, MEDICARE/MEDICAID INSURANCE CARD, SCHOOL OR EMPLOYEE PHOTO ID, OTHER ITEM THAT INCLUDES NAME, ADDRESS AND DATE OF BIRTH.

### **ESTABLISHING ELIGIBILITY TO ACQUIRE RECORD (FOR RECORDS OTHER THAN YOUR OWN):**

1. RELATED APPLICANTS MUST PROVIDE PROOF OF LINEAGE (BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, HOSPITAL OR PHYSICIAN'S RECORD OF BIRTH OR DEATH, BAPTISMAL RECORD, SCHOOL ENROLLMENT RECORD, MILITARY RECORD, COURT RECORD, FAMILY BIBLE RECORD, NEWSPAPER BIRTH OR MARRIAGE ANNOUNCEMENT, OBITUARY, US CENSUS ENUMERATION RECORD, OR AN AFFIDAVIT), PLUS ID
2. DOMESTIC PARTNERS MUST PROVIDE PROOF OF REGISTRATION OF DOMESTIC PARTNERSHIP FROM STATE, PLUS ID
3. LEGAL GUARDIAN MUST SHOW GUARDIANSHIP PAPERS FROM THE COURT, PLUS ID
4. FUNERAL HOME EMPLOYEES MUST SHOW FUNERAL ID#, PLUS ID
5. SPOUSE MUST PROVIDE PROOF OF MARRIAGE (MARRIAGE CERTIFICATE), PLUS ID
6. ATTORNEYS MUST PROVIDE A SIGNED & NOTARIZED RELEASE FROM THE FAMILY, PLUS ID
7. GENEALOGISTS MUST PROVIDE A STATE-ISSUED RESEARCHER CARD & A SIGNED & NOTARIZED LETTER FROM THE FAMILY, PLUS ID
8. GOVERNMENT ENTITIES MUST PROVIDE A WRITTEN REQUEST ON AGENCY LETTERHEAD, PLUS ID OF REQUESTOR

CHECKS OR MONEY ORDERS ARE TO BE MADE PAYABLE TO: TOWN OF FREEPORT

MAIL APPLICATION TO: TOWN OF FREEPORT, ATTN: TOWN CLERK, 30 MAIN ST, FREEPORT ME 04032. QUESTIONS? (207) 865-4743 Ext. 123

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### **TOWN OFFICE USE ONLY**

Record Issued: ☐ Certified ☐ Non-Certified, Stamped "Not For Legal Use" Issue Date: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_

# Certified Copies Issued: 1<sup>st</sup> copy \_\_\_\_\_ Add'l Copies: \_\_\_\_\_ # Non-Certified Copies Issued: \_\_\_\_\_ # Burial \_\_\_\_\_

Type of Identification (see list above for acceptable forms): \_\_\_\_\_

Did Applicant Establish Eligibility to Acquire Record? ☐ Yes ☐ No ☐ Check Box if Listed on Record, or List Document(s) Produced to

Establish Eligibility (see list above for acceptable forms): \_\_\_\_\_ Safety paper number: \_\_\_\_\_

## **Birth Certificate Application**

Name on Birth Record:

\_\_\_\_\_

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

List Parent's names (with Mother's Maiden):

Parent : \_\_\_\_\_

Parent: \_\_\_\_\_

# Copies Requested: \_\_\_\_\_

Applicant Name:

\_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Indicate your relationship to the person listed on the Birth Record:

- ☐ Self      ☐ Spouse  
☐ Parent      ☐ Legal Guardian  
☐ Registered Domestic Partner  
☐ Descendant  
☐ Attorney of person on record  
☐ Federal/State/Local Government Agency  
☐ Public School Official  
☐ Genealogist ID# \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

## **Death Certificate Application**

Name on Death Record:

\_\_\_\_\_

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

# Copies Requested: \_\_\_\_\_

Applicant Name:

\_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Indicate your relationship to the person listed on the Death Record:

- ☐ Spouse      ☐ Parent  
☐ Legal Guardian      ☐ Descendant  
☐ Registered Domestic Partner  
☐ Attorney of person on the record  
☐ Funeral Attendant ID# \_\_\_\_\_  
☐ Federal/State/Local Government Agency  
☐ Public School Official  
☐ Genealogist ID# \_\_\_\_\_  
☐ None of the above (Short form only)

☐ Funeral Home – Burial Permit Filed?

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

Signature: \_\_\_\_\_

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

## **Marriage Certificate Application**

Full Name of 1<sup>st</sup> person married:

\_\_\_\_\_

Full Name of 2<sup>nd</sup> person married:

\_\_\_\_\_

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

# Copies Requested: \_\_\_\_\_

Applicant Name:

\_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Indicate your relationship to the person listed on the Marriage Record:

- ☐ Self/Spouse      ☐ Parent  
☐ Legal Guardian      ☐ Descendant  
☐ Attorney of person on record  
☐ Federal/State/Local Government Agency  
☐ Public School Official  
☐ Genealogist ID# \_\_\_\_\_

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

Signature: \_\_\_\_\_

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