

Ref. Vital Record Form ID # : _____
(on back of form)

BIRTH CERTIFICATE

Name on Birth Record:

Date of Birth: _____

Number of copies: _____

Parents' Names (with Mother's maiden name)

Applicant Name: _____

Applicant Address:

Indicate YOUR relationship to the person on the requested record:

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Descendent
- ☐ Attorney of person on record
- ☐ Genealogist ID# _____

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

Applicant Signature:

Today's Date: _____

Phone Number: _____

Email Address: _____

Proof of Identity of Applicant:

Applicant must provide ONE of these:

- ☐ Driver's License
- ☐ Passport
- ☐ Government Issued Photo ID

OR provide TWO of these:

- ☐ Utility Bills
- ☐ Bank Statements
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check with address
- ☐ Previously issued vital record
- ☐ Letter from requesting agency
- ☐ DOC ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital/Birth worksheet
- ☐ License/Rental Agreement
- ☐ Pay Stub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ SSA Disability Award
- ☐ Other _____

Establishing eligibility to acquire record:

- ☐ Proof of lineage
- ☐ Proof of Registered Domestic Partnership
- ☐ Attorneys must provide signed, notarized release from family
- ☐ Genealogist state issued card

\$15 for the first Certified Copy, \$6 for each following Certified Copy. Please include a self-addressed, stamped envelope with your order.

Please mail to:

City of Eastport
22 Washington St.
Eastport, ME 04631
(207)-853-2300