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

DEATH CERTIFICATE

Name on Death Record:

_____

Date of Death: _____

Number of copies: _____

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#_____
___ Funeral Director on Record

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:

<u>Applicant must provide ONE of these:</u>

___ Driver's License
___ Passport
___ Government Issued Photo ID

<u>OR provide TWO of these:</u>

___ 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
___ Funeral Director on Record

$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