

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

MARRIAGE CERTIFICATE

Names on Marriage Record:

Date of Marriage: _____

Number of copies: _____

Applicant Name: _____

Applicant Address:

Indicate YOUR relationship to the person on the requested record:

- Self/Spouse
- 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
- 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