

## DEATH CERTIFICATE

Name of Decedent: \_\_\_\_\_

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

Number of Copies: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

Indicate YOUR relationship to the person on

Requested record:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- 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: \_\_\_\_\_

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

**\$15.00 for the first certified copy, \$6 for each additional certified copy**  
**Please include a self addressed, stamped envelope with your order.**

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