

MARRIAGE CERTIFICATE

Full Maiden Name of Bride:

Name of Groom:

Date of Marriage:

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.**

City of Eastport
78 High Street
Eastport ME 04631