

VITAL RECORD REQUEST APPLICATION

FEE: \$15.00 FOR FIRST COPY; \$6.00 FOR EACH ADDITIONAL COPY AT THE SAME TIME.

Make checks payable to: TOWN OF MILLINOCKET

Town of Millinocket
197 Penobscot Avenue
Millinocket, Maine 04462
207-723-7006/7007

DATE REQUESTED: _____

NAME OF PERSON REQUESTING RECORD: _____

ADDRESS: _____ PHONE #: _____

RELATIONSHIP TO PERSON ON THE RECORD: _____

SIGNATURE: _____

PLEASE FILL IN THE APPROPRIATE INFORMATION BELOW FOR THE RECORD(S) YOU ARE REQUESTING

BIRTH RECORD

BIRTH NAME: _____ # OF COPIES: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____

FATHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____

MARRIAGE RECORD

SPOUSE "A" NAME: _____

SPOUSE "B" NAME: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____ # OF COPIES _____

DEATH RECORD

NAME OF DECEDENT: _____ # OF COPIES: _____

DATE OF DEATH: _____

Confidential information on the death certificate, including cause of death, is available *ONLY* to persons who have a direct and legitimate interest in the matter recorded. ☐ WITH CAUSE OF DEATH ☐ WITHOUT CAUSE OF DEATH

FOR OFFICE USE:

DOCUMENT(S) SEEN FOR PROOF OF IDENTITY:

PROOF OF IDENTITY OF APPLICANT

APPLICANT MUST PROVIDE ONE OF THESE:

- DRIVER'S LICENSE
- PASSPORT
- GOVERNMENT ISSUED PICTURE ID

OR TWO OF THESE:

- UTILITY BILLS
- BANK STATEMENT
- VEHICLE REGISTRATION
- INCOME TAX RETURN
- PERSONAL CHECK WITH ADDRESS
- A PREVIOUSLY ISSUED VITAL RECORD
- LETTER FROM GOVERNMENT AGENCY REQUESTING RECORD (DHHS/WIC)
 - DEPARTMENT OF CORRECTIONS ID CARD
 - SOCIAL SECURITY CARD
 - DD 214
 - HOSPITAL BIRTH WORKSHEET
 - LEASE/RENTAL AGREEMENT
 - PAY STUB
 - W-2
 - VOTER REGISTRATION CARD
 - DISABILITY AWARD FROM SSA
 - OTHER _____

ESTABLISHING ELIGIBILITY TO ACQUIRE RECORD:

- RELATED APPLICANTS MUST PROVIDE PROOF OF LINEAGE
- DOMESTIC PARTNERS MUST PROVIDE PROOF OF REGISTRATION OF DOMESTIC PARTNERSHIP
- ATTORNEYS MUST PROVIDE A SIGNED, NOTARIZED RELEASE FROM FAMILY
- GENEALOGISTS MUST PROVIDE A STATE ISSUED CARD