

TOWN OF DAMARISCOTTA

**APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD
(RAISED SEAL ON STATE ISSUED SAFETY PAPER)**

**FEE: \$15 FIRST COPY; \$6 EACH ADDITIONAL COPY OF SAME
RECORD, REQUESTED AT SAME TIME.**

MAKE CHECKS PAYABLE TO: TOWN OF DAMARISCOTTA

PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE.

DATE REQUESTED: _____

NAME OF PERSON REQUESTING RECORD: _____

ADDRESS: _____

RELATIONSHIP TO PERSON ON RECORD: _____

SIGNATURE: _____

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

BIRTH RECORD: # OF COPIES REQUESTED: _____

BIRTH NAME: _____

BIRTH DATE: _____ **BIRTHPLACE:** _____
(TOWN)

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

MARRIAGE RECORD: # OF COPIES REQUESTED: _____

APPLICANT 1: _____

APPLICANT 2: _____

DATE OF MARRIAGE: _____ **PLACE OF MARRIAGE:** _____

DEATH RECORD: # OF COPIES REQUESTED: _____

NAME OF DECEDENT: _____

DATE OF DEATH: _____

FOR OFFICE USE: CLERK'S INITIALS: _____

DOCUMENT(S) SEEN FOR PROOF OF IDENTITY:

SAFETY PAPER #
