

Town of Lamoine, Maine
 606 Douglas Hwy.
 Lamoine, ME 04605
 207-667-2242
 e-mail town@lamoine-me.gov,
 website www.lamoine-me.gov



Vital Record Request Form

Applicant's Name _____ Request Date: _____

Address: _____ City State Zip _____

Telephone _____ Cell Phone _____ E-mail _____

(Certified Copies \$15.00 1st copy, \$6 each additional) _____

By signing, I affirm that the information provided is true and correct Signature _____

Date of Birth, Marriage or Death (if known) _____ # of copies requested: _____ Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage	
Marriage Bride's Name: _____ Groom's Name _____	Indicate Relationship to the person on the requested record <input type="checkbox"/> Self/Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Descendent <input type="checkbox"/> Attorney of Person on Record <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Funeral Home <input type="checkbox"/> Genealogist ID# _____ <input type="checkbox"/> None*
Birth Name on Birth Record _____ Mother's Full (Maiden) Name _____ Father's Name (If applicable) _____	*If none of the above relationships exist, the ability to obtain a vital record is limited by state statute.
Death Record Name of Deceased _____	

Section Below – For Clerk's Use Only

One of these ID's must be provided <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Government issued picture ID	Or Any Two of these <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Statement <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Personal Check with address <input type="checkbox"/> Previously issued vital record <input type="checkbox"/> Letter from gov't agency requesting record <input type="checkbox"/> Department of Corrections ID Card	<input type="checkbox"/> Social Security Card <input type="checkbox"/> DD214 <input type="checkbox"/> Hospital; birth worksheet <input type="checkbox"/> License/Rental Agreement <input type="checkbox"/> Pay Stub <input type="checkbox"/> W2 Form <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Disability award from SSA <input type="checkbox"/> Other _____
Eligibility to acquire record: <input type="checkbox"/> Proof of lineage <input type="checkbox"/> Proof of Domestic Partnership registration <input type="checkbox"/> Notarized release (Atty) <input type="checkbox"/> Genealogist state issue card <input type="checkbox"/> Funeral home must be provider of death certificate		

Clerk's Initials _____ Vital Records Certificate #'s _____

Total Paid \$ _____ Cash Check # _____ Credit Card