



TOWN OF MADAWASKA

328 St. Thomas Street, Suite 101, Madawaska, Maine 04756-1299
Tel — (207) 728-6351 • Fax — (207) 728-3611

INSTRUCTIONS FOR VITAL RECORD REQUEST

- Fill in Birth Certificate section.
- Fill in Death Certificate section.
- Fill in Marriage License section.

- Fill in “Proof of Identity of Applicant” section.

* If applicable, check appropriate box in “Establishing eligibility to acquire record” section **and** provide copies of the proof of lineage.

Include in your mailing envelope:

1. The enclosed completed request form
2. Copy/copies of the ID you chose.
3. Check, money order, or cash with correct amount.
4. A self-addressed stamped envelope.

Send to: Town of Madawaska
328 St Thomas St. Ste 101
Madawaska, ME 04756

If you have any questions, please call 207-728-6351.

BIRTH CERTIFICATE (\$15.00 1 st copy, \$6.00 additional)	DEATH CERTIFICATE (\$15.00 1 st copy, \$6.00 additional)	MARRIAGE CERTIFICATE (\$15.00 1 st copy, \$6.00 additional)
Name on birth record:	Full name of Decedent:	Full Maiden Name of Bride: Full Name of Groom:
Date of Birth:	Date of Death:	Date of Marriage:
How many copies:	How many copies:	How many copies:
Mother's name:		
Father's name:		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address::	Applicant Address:	Applicant Address:
Indicate your relationship to the person on requested record: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Descendant <input type="checkbox"/> Attorney of Person on Record <input type="checkbox"/> Genealogist ID# _____	Indicate your relationship to the person on requested record: <input type="checkbox"/> Funeral Director <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Descendant <input type="checkbox"/> Attorney of Person on Record <input type="checkbox"/> Genealogist ID# _____	Indicate your relationship to the person on requested record: <input type="checkbox"/> Self /Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Descendant <input type="checkbox"/> Attorney of Person on Record <input type="checkbox"/> Genealogist ID# _____
By signing below, I swear/affirm that the information above is true and correct: Applicant Signature:	By signing below, I swear/affirm that the information above is true and correct: Applicant Signature:	By signing below, I swear/affirm that the information above is true and correct: Applicant Signature:
Today's Date:	Today's Date:	Today's Date:
Phone #:	Phone #:	Phone #:

Proof of Identity of Applicant:

One of these: **OR:** **Two of these:**

<input type="checkbox"/> Drivers License	<input type="checkbox"/> Utility bills	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Passport	<input type="checkbox"/> Bank Statements	<input type="checkbox"/> DD-214
<input type="checkbox"/> Government issued picture ID	<input type="checkbox"/> Vehicle Registrations	<input type="checkbox"/> Voter Registration Card
	<input type="checkbox"/> Income Tax Return	<input type="checkbox"/> Pay Stub
	<input type="checkbox"/> Personal Check with address	<input type="checkbox"/> W-2
	<input type="checkbox"/> Disability award from SSA	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> License/Rental agreement	
	<input type="checkbox"/> Dept of Corrections ID card	
	<input type="checkbox"/> Gov't agency letter requesting record (DHHS, WIC)	
	<input type="checkbox"/> A previously issued vital record	

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 and notarized release from family

Genealogists must provide a state-issued card