TOWN OF BOOTHBAY, MAINE
APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD
\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time.

Full Na	ime on Birth Record	rhanda - FT -		
City/Town of Birth			Date of Birth:	
Father'	s Full Name:			
Mothe	r's Full Maiden Name			
Your Name:			Today's Date	
Your C	Complete Mailing Address			
Email: Y		Your Phone	our Phone Number:	
Your Relationship to the person on requested record			[ ] Self [ ] Parent [ ] Spouse [ ] Child [ ] Other	
By sign	ing below, I swear/affirm that the information abo	ove is true a		
Your Signature:		How many	How many certified copies?	
00 000000 0 00	For Clerk's  of of Identity of applicant:  Applicant must p  Driver's License Passport  OR two of  Utility bills Bank statements Vehicle registration Income tax return / W2 Personal Check w/ address A previously issued vital record or marriage license Letter from government agency requesting record (DHHS, WIC) Department of Corrections LD. card Social Security Card DD 214	of these.	Hospital birth worksheet License/rental agreement Pay stub Voter Registration card Disability award from SSA Medicare/Medicaid Insurance Card School or Employee Photo I.D. Other (items that include the name, address and date of birth):	
Related applicants must provide proof of lineage, plus I.D.  Domestic Partners must provide proof of registration of domestic partnership, plus I.D.  A spouse must provide proof of marriage, plus I.D.  Attorneys must provide a signed, notarized release from family, plus I.D.  Genealogists must provide a state-issued card, plus I.D.  Government entities must provide written request of agency letterhead, plus I.D. of requestor  Do not retain copies of proof provided or note any specific numbers				
Certified Paper #:		Amount	Collected: \$	

Clerk's Initials: