

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

Full Name on Death Record: \_\_\_\_\_

City/Town of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Complete Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Your Relationship to the person on requested record: [ ] Self [ ] Parent [ ] Spouse [ ] Child  
[ ] Other \_\_\_\_\_

*By signing below, I swear/affirm that the information above is true and correct.*

Your Signature: \_\_\_\_\_ How many certified copies? \_\_\_\_\_

*For Clerk's Use Only*

**Proof of Identity of applicant:**

**Applicant must provide one of these:**

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |   |

**OR two of these:**

- |  |   |
|--|---|
| <input type="checkbox"/> Utility bills   | <input type="checkbox"/> Hospital birth worksheet   |
| <input type="checkbox"/> Bank statements   | <input type="checkbox"/> License/rental agreement   |
| <input type="checkbox"/> Vehicle registration  | <input type="checkbox"/> Pay stub   |
| <input type="checkbox"/> Income tax return / W2                                      | <input type="checkbox"/> Voter Registration card  |
| <input type="checkbox"/> Personal Check w/ address                                   | <input type="checkbox"/> Disability award from SSA  |
| <input type="checkbox"/> A previously issued vital record or marriage license        | <input type="checkbox"/> Medicare/Medicaid Insurance Card                                       |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> School or Employee Photo I.D.  |
| <input type="checkbox"/> Department of Corrections I.D. card                         | <input type="checkbox"/> Other (items that include the name, address and date of birth) : _____ |
| <input type="checkbox"/> Social Security Card  |   |
| <input type="checkbox"/> DD 214  |   |

**In order to establish eligibility to acquire record:**

- ☐ 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 #: \_\_\_\_\_

Clerk's Initials: \_\_\_\_\_

Amount Collected: \$ \_\_\_\_\_