

Death Certificate

Full name of decedent: _____
Date of Death: _____
How many copies? _____
Applicant Name: _____
Applicant Address: _____
& phone _____

Indicate your relationship to the person whose record you have requested:

- | | |
|--|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Genealogist ID # _____ |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> None of the above (short form will be issued) |
| <input type="checkbox"/> Descendant | |

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

Applicant Signature: _____ Date: _____

\$15 for 1st copy, \$6 for each additional copy. Please make checks payable to Town of South Berwick
Mail request & applicable documentation to Town Clerk, 180 Main Street, South Berwick, ME 03908

Below line is 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"/> Social Security Card |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> Disability award from SSA |
| | <input type="checkbox"/> Other _____ |

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, notarized release from family
- Genealogists must provide a state-issued card
- Funeral Home must be provider of death certificate

Do not retain copies of proof provided or note any specific numbers

DATE ISSUED _____ # OF COPIES ISSUED _____

Form #'s issued _____