

**CITY OF BATH, MAINE**

Date: Clerk:

**APPLICATION FOR A SEARCH AND CERTIFIED OR NON-CERTIFIED COPY OF A VITAL RECORD**

**MUST INCLUDE: A PHOTOCOPY OF PROOF OF IDENTIFICATION AND PROOF OF LINEAGE, IF NECESSARY.**

**NON-REFUNDABLE FEES: \$15.00 FOR FIRST CERTIFIED COPY, \$6.00 FOR EACH ADDITIONAL CERTIFIED COPY OF THE SAME RECORD. THERE IS A \$5.00 FEE FOR EACH SEARCH/NON-CERTIFIED COPY (not a legal copy).**

**MAKE CHECKS PAYABLE TO "CITY OF BATH" and send to: City Clerk's Office, 55 Front Street, Bath, ME 04530**

APPLICANT: Please PRINT the information in the appropriate box for the record you are requesting and the reason for requesting the record.

<b>Birth Record</b>	Full Name of Child
	Date of Birth
	Place of Birth
	Parent's Full Name
	Parent's Full Name

Reason for Requesting Record:  
 Number of Certified Copies: Number of Non-Certified Copies:  
Applicant Signature, Address and Telephone Number:

<b>Marriage Record</b>	Full Name Person A.
	Full Name Person B.
	Date of Marriage
	Place of Marriage

Reason for Requesting Record:  
 Number of Certified Copies: Number of Non-Certified Copies:  
Applicant Signature, Address and Telephone Number:

<b>Death Record</b>	Full Name of Decedent	
	Date of Death	
	Place of Death	
	Number of Certified Copies	Number of Non-Certified Copies
	For record of death please complete the following:	

Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded. If you are requesting such information, please complete the following questions, read and sign the certification statement below:

Are you related to the decedent? \_\_\_\_\_  
 If yes, how? \_\_\_\_\_  
 If no, on what basis do you represent the decedent (check one):  
 \_\_\_ Attorney, Physician or Funeral Director?  
 \_\_\_ Other agent authorized in writing by the decedent's immediate family or descendants thereof. (Present written statement of authorization.)

I hereby certify that I am the applicant named above and that I am requesting a certified copy of the death record including the confidential medical information on "cause of death", for the above-named decedent, in accordance with 22 MRSA§27067 and 10-146 CMR Ch.7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

Applicant Signature, Address and Telephone Number:

**Proof of identity of applicant:**

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- 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
- Do not retain copies of proof provided or note any specific numbers**