

Please fill out columns 1 and 2.

VITAL RECORDS REQUEST FORM

Town of Blue Hill

1: APPLICANT INFORMATION	2: REGISTRANT INFORMATION	PRICING
<p>Name: _____</p> <p>Address: _____</p> <p>Phone/Email: _____</p> <p>Your Relationship to Registrant:</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Registered Domestic Partner</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Legal Guardian</p> <p><input type="checkbox"/> Descendant</p> <p><input type="checkbox"/> Other Family (including in-laws)</p> <p><input type="checkbox"/> Attorney/Agent</p> <p><input type="checkbox"/> Genealogist</p> <p><input type="checkbox"/> Other Person Listed on Certificate</p> <p><input type="checkbox"/> None; Direct and Legitimate Interest</p> <p>By signing below, I swear/affirm that the information provided is true and correct.</p> <p>Signature: _____</p> <p>Date: ____/____/____</p> <p><small>Any person shall be guilty of a CLASS B Felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 5-C:9)</small></p>	<p>Please fill out only the box(es) relevant to the record(s) you are requesting.</p> <p>Use the information that will appear on the certificate we are seeking, even if the registrants' information has since changed.</p> <p align="center">Birth Certificate</p> <p>Child's Full Name: _____</p> <p>Date of Birth: ____/____/____</p> <p>Town of Birth: _____</p> <p>Parents' Maiden Name(s): _____</p> <p>No. of Copies: ____ <input type="checkbox"/> non-certified</p> <p align="center">Marriage Certificate</p> <p>Spouses' Names Prior to this Marriage: _____</p> <p>Date of Marriage: ____/____/____</p> <p>Town License Issued: _____</p> <p>No. of Copies: ____ <input type="checkbox"/> non-certified</p> <p align="center">Death Certificate</p> <p>Decedent's Full Name: _____</p> <p>Date of Death: ____/____/____</p> <p>Town of Death: _____</p> <p>Town of Residence: _____</p> <p>No. of Copies: ____ <input type="checkbox"/> non-certified</p>	<p>Certified Copies: \$15 for first copy of each certificate type \$6 each for any additional copies</p> <p>Non-Certified Copies: For informational, non-legal purposes only. \$10 for first copy of each certificate type \$6 each for any additional copies</p> <p>Mailing: Add \$1 We reserve the right to charge a \$15 fee for extensive searches.</p> <p align="center">MAIL ORDERS</p> <p>Please mail to: 18 Union Street Blue Hill, ME 04614</p> <ul style="list-style-type: none"> • This form, with all of column 1 and the relevant section(s) of column 2 filled out • Your check made out to "Town of Blue Hill," including \$1 extra for return postage • A copy of your ID • Proof of lineage or direct and legitimate interest if your name does not appear on the certificate you are requesting <p>Please call (207) 374-2281 with any questions.</p> <p align="center">CLERK USE ONLY</p> <p>Clerk Initials: _____</p> <p>Qty. Safety Paper Used*: _____</p> <p>Safety Paper Range*: _____ through _____</p> <p><small>*include voids</small></p> <p>List Voids: _____</p> <p>CSH: \$ ____ CHK: \$ ____ CRD: \$ ____</p> <p><input type="checkbox"/> DAVE <input type="checkbox"/> Certificate <input type="checkbox"/> Ledger</p>
<p align="center">APPLICANT ELIGIBILITY</p>		
<p>Proof of Identity:</p> <p><input type="checkbox"/> Driver's License</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Other Government-Issued Picture ID</p> <p><input type="checkbox"/> Combination of two other forms of ID (specify): _____</p>		
<p>Proof of Lineage/Legitimate Interest:</p> <p><input type="checkbox"/> Applicant appears on certificate</p> <p><input type="checkbox"/> Letter from Agency: _____</p> <p><input type="checkbox"/> Other: _____</p>		