

Town of South Thomaston

Current Fees: \$15.00 for the first certified copy and \$6.00 for each additional copy.

Directions: Please complete the application, enclose a check or money order with the supporting documentation for verification and a self-addressed, stamped envelope to the address above. Applications which are incomplete or missing documents will not be released. **Note:** the office is prohibited from confirming, accepting, or releasing vital records, via email, fax, or phone.

Name: _____ Date: _____

Address: _____

Id verification: (supply one): _____ DR LIC / ID # _____ Passport: _____ Other Gov't Documents

If the form of ID listed above is unavailable, please send/present two of the following items listed unless you are seeking a record as defined by Maine State Law. *Open records are not subject to this state requirement*:

Utility bill, Bank Statement, Vehicle Registration, Signed Income Tax Return, Social Security Card, DD214, Dept. Of Corrections ID, Personal Check, Previously issued Vital Record, Rental Agreement, Paycheck Stub, W-2 or SSA Disability Award Letter, Insurance Policy, Mortgage company or bank statement.

YOUR Relationship to the person on the record: (Check at least one)

____ Self ____ Parent/Guardian ____ Grandparent ____ Child ____ Spouse ____ Sibling ____ Other
____ Parent in-law ____ Aunt/Uncle ____ Neice/Nephew ____ Gov't Agency ____ Funeral Director

*If other is selected, please explain relationship: _____

Name(s) on record: _____ Event Date: _____

If Female, Maiden Name: _____ Event Address (If Applicable) _____

Total Documents Requested (select type)

____ Certified Copies (\$15 First Copy, \$6 Additional)
____ Birth Certificate (closed *75 Years)
____ Marriage Certificate (closed *50 Years)
____ Death Certificate (closed *25 Years)

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

Applicant Signature: _____

For Office Use Only:			
State Id Case #:	_____ 1 Copy _____	# Of Add. Copies _____	Cert #: _____ To _____
Fees Collected:	_____ (Check one):	CK #: _____	Cash _____ CC _____
Date picked up:	_____	Clerk Initials:	_____