***Death Certificate***

## Name on birth record: Date of Birth:

How many copies? ($15 for 1s copy, $6 for each additional copy)

## Mother’s Name (with mother’s maiden): Father’s Name: Applicant Name: Applicant Address:

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

* Self
* Spouse / Registered Domestic Partner
* Parent
* Federal/State/Local Government Agency or Public School official
* Guardian
* Descendant
* Attorney of person on record
* Genealogist DHHS I.D. #
* Other

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

## Applicant Signature:

Today’s Date:

### Proof of Identity of applicant:

* + Driver’s License
  + Passport
  + Utility bills
  + Bank statements
  + Vehicle registration
  + Income tax return / W2
  + Personal Check w/ address

#### Below line is for Clerk’s use only

***Applicant must provide one of these****:*

* + - Government issued picture I.D.

#### OR two of these:

 DD 214

* + - Hospital birth worksheet
    - License/rental agreement
    - Pay stub
    - Voter Registration card
  + A previously issued vital record or marriage license
  + Letter from government agency requesting record (DHHS, WIC)
  + Department of Corrections I.D. card
  + Social Security Card
  + Disability award from SSA
  + Medicare/Medicaid Insurance Card
  + School or Employee Photo I.D.
  + Other (items that include the name, address and date of birth) :

### 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**

Clerk’s Initial

**Make check payable to: Town of Limestone Send to: Town of Limestone**

**93 Main Street**

**Limestone, ME 04750**

**Please send self-addressed stamped envelope**

**If you have any further questions, please contact us at:**

**Telephone: 207-325-4704**

**Fax: 207-325-3330**

**Email:** [**treasurer@limestonemaine.org**](mailto:treasurer@limestonemaine.org) **or clerk@limestonemaine.org**

**\* If possible please provide contact information in case we have a question.**

**As soon as this information is received, your request will be processed and sent out by return mail.**

**Thank you.**