Marriage License

Full Ma	niden Name of Bride:		
Full Na	me of Groom:		
Date of	Marriage:		
How many copies?(\$15 for 1 st copy, \$6 for each additional copy)			y, \$6 for each additional copy)
Applica	ant Name:		
	ant Address:		
••			
Indicate	e your Relationship to the person on requested record	below:	
	☐ Self/Spouse		☐ Federal/State/Local Government
	□ Parent		Agency or Public School official
	☐ Guardian		□ Other
	Descendant		Genealogist DHHS I.D. #
	☐ Attorney of person on record		Genealogist Diffis 1.D. II
	Attorney of person off record		
D		-L	
	ignature below, I swear/affirm that the information o		ie and correct.
Applica	ant Signature:		
Today's	s Date:		
	P. L. P C. C.	12 2 9	
D6	Below line is for C	terk's use o	nly
Proof of	f Identity of applicant: Applicant must prov.	ida ana aft	h as as
	Driver's License		Government issued picture I.D.
	Passport		Government issued picture i.b.
	OR two of	these:	
	Utility bills		DD 214
	Bank statements		Hospital; birth worksheet
	Vehicle registration		License/rental agreement
	Income tax return / W2		Pay stub
	Personal Check w/ address		Voter Registration card
	A previously issued vital record		Disability award from SSA
	Letter from government agency requesting record		Medicare or Medicaid Card
	(DHHS, WIC)		School or Employee Photo I.D.
	Department of Corrections I.D. card		Other (items that include the name, address and
	Social Security Card		date of birth):
	In order to establish eligib	ility to acqu	uire 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			ad, plus I.D. of requestor
	Do not retain copies of proof prov	vided 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

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

Fax: 207-325-3330

Email: clerk@limestonemaine.org

Telephone: 207-325-4704

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

Thank you.