

Death Certificate

Full name of decedent: _____

Date of Death: _____

How many copies? _____ (\$15 for 1st copy, \$6 for each additional copy)

Applicant Name: _____

Applicant Address: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Spouse/Registered Domestic Partner | <input type="checkbox"/> Genealogist DHHS I.D. # _____ |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Federal/State/Local Government
Agency or Public School official |
| <input type="checkbox"/> Descendant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Attorney of person on record | |

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:

Applicant must provide one of these:

- | | |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport | |

OR two of these:

- | | |
|---|--|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Income tax return / W2 | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> Letter from government agency requesting record
(DHHS, WIC) | <input type="checkbox"/> Medicare or Medicaid Card |
| <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> School or Employee Photo I.D. |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> 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: 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.