

**Death Certificate**

Full name of decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
How many copies? \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
& phone \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse                      | <input type="checkbox"/> Attorney of person on record                  |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Genealogist ID # _____                        |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> Funeral Home                                  |
| <input type="checkbox"/> Guardian                    | <input type="checkbox"/> None of the above (short form will be issued) |
| <input type="checkbox"/> Descendant                  |  |

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

Mail request & applicable documentation to Town Clerk, 180 Main Street, South Berwick, ME 03908

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*Below line is for Clerk's use only*

**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"/> Social Security Card      |
| <input type="checkbox"/> Bank statements   | <input type="checkbox"/> DD 214                    |
| <input type="checkbox"/> Vehicle registration  | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return   | <input type="checkbox"/> License/rental agreement  |
| <input type="checkbox"/> Personal Check w/ address                                   | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> A previously issued vital record                            | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> Voter Registration card   |
| <input type="checkbox"/> Department of Corrections I.D. card                         | <input type="checkbox"/> Disability award from SSA |
|  | <input type="checkbox"/> Other _____               |

**Establishing eligibility to acquire record:**

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card
- Funeral Home must be provider of death certificate

Do not retain copies of proof provided or note any specific numbers

DATE ISSUED \_\_\_\_\_ # OF COPIES ISSUED \_\_\_\_\_

Form #'s issued \_\_\_\_\_