

Marriage License

Full Names of Both Parties: Pary A: _____
(Maiden names if applicable) Party B: _____
Date of Marriage: _____
How many copies? _____
Applicant Name: _____
Applicant Address: _____
& phone _____

Indicate your Relationship to the person on the record:

- | | |
|--------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Genealogist ID # _____ |

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

Applicant Signature: _____ Date: _____

\$15 for 1st copy, \$6 for each additional copy

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

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

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

DATE ISSUED _____ # OF COPIES ISSUED _____

Form #'s issued _____