

# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррис	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy	\$15 for 1st copy and \$6 for each additional copy	\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy

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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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☐ Passport	□ Passport	☐ Passport
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Or Two of These:	Or Two of These:	Or Two of These:
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ID Card	ID Card	ID Card
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Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
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☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
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Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
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Or Two of These:	Or Two of These:	Or Two of These:
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Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
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☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
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☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
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Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
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Applicant Name:	Applicant Name:	Applicant Name:
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Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	☐ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record
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☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED

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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
Applica  Ind  Self  Pare  Fam  Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
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By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
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☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
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ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

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	Number of Copies Requested:
Applica	ant Name:
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Аррпс	ant Telephone:
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
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☐ Guardian	☐ Informant	☐ Officiant
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☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

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Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
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Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
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Applica  Ind  Self  Pare  Fam  Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
Applica Ind Self Pare Fam Offi Atto	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy	\$15 for 1st copy and \$6 for each additional copy	\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy

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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	☐ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
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☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
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☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
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By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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☐ Passport	☐ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
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☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
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☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
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☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

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Date	e of Marriage://
	Number of Copies Requested:
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Applica	ant Address:
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Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
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Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
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☐ Guardian	☐ Informant	☐ Officiant
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☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
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☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
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☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
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☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED

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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
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By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
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☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
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ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

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Date	e of Marriage://
	Number of Copies Requested:
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Аррпс	ant Telephone:
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
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Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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Or Two of These:	Or Two of These:	Or Two of These:
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□ DD 214	□ DD 214	□ DD 214
☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED

OR NOTE DOCUMENT NUMBERS.

OR NOTE DOCUMENT NUMBERS.



# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
Applica  Ind  Self  Pare  Fam  Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
Applica Ind Self Pare Fam Offi Atto	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy	\$15 for 1st copy and \$6 for each additional copy	\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy

# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:	# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:	# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:
PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
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☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
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☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
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☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
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☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
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☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
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Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Applica Ind Self Pare Fam Offi Atto	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	☐ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
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☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
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☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Name of Party B:		
Date	e of Marriage://	
	Number of Copies Requested:	
Applic	ant Name:	
Applic	ant Address:	
Annlic	ont Tolombono.	
търпс	ant Telephone:	
	ant Telephone:  ant Email:	
Applic	ant Email: icate your relationship to Party A or	
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:	
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)	
Applica  Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent	
Application Ind  Ind  Self Pare	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member	
Applica  Ind  Self Pare Fam Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member	
Applica Ind Self Pare Fam Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member	

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record
☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
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☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
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☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED

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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Name of Party B:		
Date	e of Marriage://	
	Number of Copies Requested:	
Applic	ant Name:	
Applic	ant Address:	
Annlic	ont Tolombono.	
търпс	ant Telephone:	
	ant Telephone:  ant Email:	
Applic	ant Email: icate your relationship to Party A or	
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:	
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Applica  Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent	
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
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By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

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## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
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Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
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☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy	\$15 for 1st copy and \$6 for each additional copy	\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy

# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:	# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:	# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:
PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record
☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
☐ Social Security Card	☐ Social Security Card	☐ Social Security Card
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☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED

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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
Applica  Ind  Self  Pare  Fam  Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
Applica Ind Self Pare Fam Offi Atto	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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☐ Passport	☐ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
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☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
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☐ Social Security Card	☐ Social Security Card	☐ Social Security Card
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☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
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Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
Applica  Ind  Self  Pare  Fam  Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
Applica Ind Self Pare Fam Offi Atto	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
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☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	☐ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
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☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
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☐ Paystub	☐ Paystub	□ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED	DO NOT RETAIN COPIES OF PROOF PROVIDED

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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full Na	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applica	ant Name:
Applica	ant Address:
Annlie:	ont Tolombono.
Аррпс	ant Telephone:
	ant Telephone:  ant Email:
Applica	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
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Applica Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Applica  Ind  Self Pare  Fam	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Applica Ind Self Pare Fam Offi Atto	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
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☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
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Applicant Signature:	Applicant Signature:	Applicant Signature:
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
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☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
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☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full N	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applic	ant Name:
Applic	ant Address:
Annlic	ont Tolombono.
търпс	ant Telephone:
	ant Telephone:  ant Email:
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Applica  Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Application Ind  Ind  Self Pare	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
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Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
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Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
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PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
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☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
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ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
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☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full N	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applic	ant Name:
Applic	ant Address:
Annlic	ont Tolombono.
търпс	ant Telephone:
	ant Telephone:  ant Email:
Applic	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica  Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Application Ind  Ind  Self Pare	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
Applica  Ind  Self Pare Fam Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
Applica Ind Self Pare Fam Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy	\$15 for 1st copy and \$6 for each additional copy	\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy

# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:	# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:	# OF COPIES ISSUED: PAID: \$ CONTROL NUMBERS:
PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record
☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
☐ Social Security Card	☐ Social Security Card	☐ Social Security Card
□ DD 214	□ DD 214	□ DD 214
☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	☐ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest
☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued	☐ Genealogists Must Provide State Issued
ID Card	ID Card	ID Card
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# **TOWN OF BRIDGTON** REQUEST FOR VITAL RECORD

Laurie Chadbourne, Town Clerk Jamie Ferguson, Deputy Town Clerk Sean Day, Deputy Town Clerk Veronica LaCascia, Deputy Town Clerk

### **BIRTH CERTIFICATE**

## **DEATH CERTIFICATE**

Full N	ame of Party B:
Date	e of Marriage://
	Number of Copies Requested:
Applic	ant Name:
Applic	ant Address:
Annlic	ont Tolombono.
търпс	ant Telephone:
	ant Telephone:  ant Email:
Applic	ant Email: icate your relationship to Party A or
Applica	ant Email:  icate your relationship to Party A or  Party B to establish eligibility:
Applica  Ind	ant Email:  icate your relationship to Party A or Party B to establish eligibility: (□ Party A or □ Party B)
Applica  Ind  Self	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent
Application Ind  Ind  Self Pare	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member
Applica  Ind  Self Pare Fam Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent illy Member
Applica Ind Self Pare Fam Offi	icate your relationship to Party A or Party B to establish eligibility: ( Party A or Party B) ent iily Member

Date of Birth:/	Date of Death://	Full Name of Party B:
Parent 1 Name (Birth Name):	Number of Copies Requested.	Date of Marriage://
Parent 2 Name (Birth Name):		
Applicant Name:	Applicant Name:	Applicant Name:
Applicant Address:	Applicant Address:	Applicant Address:
Applicant Telephone:Applicant Email:	Applicant Telephone:	Applicant Telephone:
Approant Email.	Applicant Email:	Applicant Email:
Indicate your relationship to the name on birth record to establish eligibility:	Indicate your relationship to the	Indicate your relationship to Party A or
□ Self	decedent to establish eligibility:	Party B to establish eligibility:
□ Spouse	☐ Spouse	$\square$ Self ( $\square$ Party A or $\square$ Party B)
☐ Registered Domestic Partner	☐ Registered Domestic Partner	☐ Parent
☐ Parent	☐ Family Member	☐ Family Member
☐ Guardian	☐ Informant	☐ Officiant
☐ Attorney of Name on Birth Record	☐ Funeral Director	☐ Attorney of Party A or Party B
☐ Family Member	☐ Attorney of Decedent on Record or of Family	☐ Direct and Legitimate Interest
☐ Direct and Legitimate Interest	☐ Direct and Legitimate Interest	☐ Genealogist ID #:
☐ Genealogist ID #:	☐ Genealogist ID #:	
By signing below, I swear/affirm that the	By signing below, I swear/affirm that the	By signing below, I swear/affirm that the
information is true and correct.	information is true and correct.	information is true and correct.
Applicant Signature:	Applicant Signature:	Applicant Signature:
Date:/	Date:/	Date:/
\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy	\$15 for 1st copy and \$6 for each additional copy	\$15 for 1 <sup>st</sup> copy and \$6 for each additional copy

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PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:	PROCESSING CLERK'S INITIALS:
PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT	PROOF OF IDENTITY OF APPLICANT
Applicant Must Provide One of These:	Applicant Must Provide One of These:	Applicant Must Provide One of These:
☐ Driver's License	☐ Driver's License	☐ Driver's License
☐ Passport	□ Passport	☐ Passport
☐ Government Issued Picture ID	☐ Government Issued Picture ID	☐ Government Issued Picture ID
Or Two of These:	Or Two of These:	Or Two of These:
☐ Utility Bill	☐ Utility Bill	☐ Utility Bill
☐ Bank Statement	☐ Bank Statement	☐ Bank Statement
☐ Vehicle Registration	☐ Vehicle Registration	☐ Vehicle Registration
☐ Income Tax Return	☐ Income Tax Return	☐ Income Tax Return
☐ Personal Check With Address	☐ Personal Check With Address	☐ Personal Check With Address
☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record	☐ A Previously Issued Vital Record
☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record	☐ Letter From Government Agency Requesting Record
☐ Department of Corrections ID Card	☐ Department of Corrections ID Card	☐ Department of Corrections ID Card
☐ Social Security Card	☐ Social Security Card	☐ Social Security Card
□ DD 214	□ DD 214	□ DD 214
☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet	☐ Hospital; Birth Worksheet
☐ License/Rental Agreement	☐ License/Rental Agreement	☐ License/Rental Agreement
☐ Paystub	☐ Paystub	☐ Paystub
□ W-2	□ W-2	□ W-2
☐ Voter Registration Card	☐ Voter Registration Card	☐ Voter Registration Card
☐ Disability Award From Social Security	☐ Disability Award From Social Security	☐ Disability Award From Social Security
☐ Other:	☐ Other:	☐ Other:
ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY	ESTABLISHING ELIGIBILITY
☐ Proof of Lineage	☐ Proof of Lineage	☐ Proof of Lineage
☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration	☐ Proof of Domestic Partner Registration
☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,	☐ Attorneys Must Provide a Signed,
Notarized Release From Family	Notarized Release From Family	Notarized Release From Family
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