



## 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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
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- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
- ☐ Attorney of Party A or Party B
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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
- ☐ Passport
- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
- ☐ Letter From Government Agency  
Requesting Record
- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
ID Card

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Applicant Address:

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☐ Attorney of Name on Birth Record  
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☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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Applicant Address:

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☐ Informant  
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Veronica LaCascia, Deputy Town Clerk

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### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
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- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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Applicant Signature:

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
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- ☐ Attorney of Party A or Party B
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- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
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- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
- ☐ Letter From Government Agency  
Requesting Record
- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
ID Card

**DO NOT RETAIN COPIES OF PROOF PROVIDED  
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**PROOF OF IDENTITY OF APPLICANT**

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

### BIRTH CERTIFICATE

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
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Or Two of These:

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- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
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- ☐ Direct and Legitimate Interest
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

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- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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- ☐ Other: \_\_\_\_\_

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

### BIRTH CERTIFICATE

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
- ☐ Passport
- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
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- ☐ W-2
- ☐ Voter Registration Card
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- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
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- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
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Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
- ☐ Attorney of Party A or Party B
- ☐ Direct and Legitimate Interest \_\_\_\_\_
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Laurie Chadbourne, Town Clerk  
Jamie Ferguson, Deputy Town Clerk  
Sean Day, Deputy Town Clerk  
Veronica LaCascia, Deputy Town Clerk

### BIRTH CERTIFICATE

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
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- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
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Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
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Laurie Chadbourne, Town Clerk  
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Sean Day, Deputy Town Clerk  
Veronica LaCascia, Deputy Town Clerk

### BIRTH CERTIFICATE

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

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☐ Registered Domestic Partner  
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☐ Guardian  
☐ Attorney of Name on Birth Record  
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Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

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Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

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☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
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- ☐ Parent
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- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
- ☐ Attorney of Party A or Party B
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
- ☐ Passport
- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
- ☐ Letter From Government Agency  
Requesting Record
- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ 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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
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- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
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- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
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- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
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- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
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- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
ID Card

**DO NOT RETAIN COPIES OF PROOF PROVIDED  
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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
- ☐ Passport
- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
- ☐ Letter From Government Agency  
Requesting Record
- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
- ☐ Passport
- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
- ☐ Letter From Government Agency  
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- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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Applicant Signature:

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
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- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ 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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
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- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
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☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_  
☐ Genealogist ID #: \_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
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☐ Genealogist ID #: \_\_\_\_

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- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
ID Card

**DO NOT RETAIN COPIES OF PROOF PROVIDED  
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**PROOF OF IDENTITY OF APPLICANT**

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- ☐ Driver's License
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Or Two 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

### BIRTH CERTIFICATE

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
- ☐ Attorney of Party A or Party B
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
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- ☐ Genealogists Must Provide State Issued  
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self  
☐ Spouse  
☐ Registered Domestic Partner  
☐ Parent  
☐ Guardian  
☐ Attorney of Name on Birth Record  
☐ Family Member \_\_\_\_\_  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse  
☐ Registered Domestic Partner  
☐ Family Member \_\_\_\_\_  
☐ Informant  
☐ Funeral Director  
☐ Attorney of Decedent on Record or of Family  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)  
☐ Parent  
☐ Family Member \_\_\_\_\_  
☐ Officiant  
☐ Attorney of Party A or Party B  
☐ Direct and Legitimate Interest \_\_\_\_\_  
☐ Genealogist ID #: \_\_\_\_\_

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- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
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- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

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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

### MARRIAGE CERTIFICATE

Name on Birth Record:

Full Name of Decedent:

Full Name of Party A:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name of Party B:

Number of Copies Requested: \_\_\_\_

Number of Copies Requested: \_\_\_\_

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 1 Name (Birth Name):

Number of Copies Requested: \_\_\_\_

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Name:

Applicant Name:

Applicant Address:

Applicant Address:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_

Applicant Email:

Applicant Email:

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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- ☐ Parent
- ☐ Family Member \_\_\_\_\_
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
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- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

**By signing below, I swear/affirm that the  
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Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
- ☐ Attorney of Party A or Party B
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

- ☐ Driver's License
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- ☐ Government Issued Picture ID

Or Two of These:

- ☐ Utility Bill
- ☐ Bank Statement
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check With Address
- ☐ A Previously Issued Vital Record
- ☐ Letter From Government Agency  
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- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD 214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### DEATH CERTIFICATE

Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to Party A or  
Party B to establish eligibility:**

- ☐ Self (☐ Party A or ☐ Party B)
- ☐ Parent
- ☐ Family Member \_\_\_\_\_
- ☐ Officiant
- ☐ Attorney of Party A or Party B
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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**PROOF OF IDENTITY OF APPLICANT**

Applicant Must Provide One of These:

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Or Two of These:

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- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award From Social Security
- ☐ Other: \_\_\_\_\_

**ESTABLISHING ELIGIBILITY**

- ☐ Proof of Lineage
- ☐ Proof of Domestic Partner Registration
- ☐ Attorneys Must Provide a Signed,  
Notarized Release From Family
- ☐ Direct and Legitimate Interest
- ☐ Genealogists Must Provide State Issued  
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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

Name on Birth Record:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Parent 1 Name (Birth Name):

Parent 2 Name (Birth Name):

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the name on  
birth record to establish eligibility:**

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Attorney of Name on Birth Record
- ☐ Family Member \_\_\_\_\_
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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

Applicant Signature:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Full Name of Decedent:

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

**Indicate your relationship to the  
decedent to establish eligibility:**

- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Family Member \_\_\_\_\_
- ☐ Informant
- ☐ Funeral Director
- ☐ Attorney of Decedent on Record or of Family
- ☐ Direct and Legitimate Interest \_\_\_\_\_
- ☐ Genealogist ID #: \_\_\_\_\_

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### MARRIAGE CERTIFICATE

Full Name of Party A:

Full Name of Party B:

Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Copies Requested: \_\_\_\_

Applicant Name:

Applicant Address:

Applicant Telephone: \_\_\_\_\_

Applicant Email:

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