



TOWN OF BRIDGTON
REQUEST FOR VITAL RECORD

Laurie L. Chadbourne, Town Clerk
Ashley S. Albrecht, Deputy Town Clerk
Jamie L. Ferguson, Deputy Town Clerk
Sean C. Day, 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 #

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 #

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

- Self
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 information is true and correct.

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

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

Applicant Signature:

Applicant Signature:

Applicant Signature:

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

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

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

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

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

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

<<<THIS SIDE TO BE COMPLETED BY TOWN CLERK'S OFFICE STAFF ONLY>>>

# OF COPIES ISSUED: \_\_\_\_\_ PAID: \$ \_\_\_\_\_  
CONTROL NUMBERS: \_\_\_\_\_  
\_\_\_\_\_  
PROCESSING CLERK'S INITIALS: \_\_\_\_\_

# OF COPIES ISSUED: \_\_\_\_\_ PAID: \$ \_\_\_\_\_  
CONTROL NUMBERS: \_\_\_\_\_  
\_\_\_\_\_  
PROCESSING CLERK'S INITIALS: \_\_\_\_\_

# OF COPIES ISSUED: \_\_\_\_\_ PAID: \$ \_\_\_\_\_  
CONTROL NUMBERS: \_\_\_\_\_  
\_\_\_\_\_  
PROCESSING CLERK'S INITIALS: \_\_\_\_\_

**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

**DO NOT RETAIN COPIES OF PROOF PROVIDED OR NOTE DOCUMENT NUMBERS.**

**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

**DO NOT RETAIN COPIES OF PROOF PROVIDED OR NOTE DOCUMENT NUMBERS.**

**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

**DO NOT RETAIN COPIES OF PROOF PROVIDED OR NOTE DOCUMENT NUMBERS.**