



TOWN OF BRIDGTON REQUEST FOR VITAL RECORD

Ashley Albrecht, 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 1st 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
- Official
- 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.

Applicant Signature: _____

Date: ____/____/____

\$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: _____

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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: _____

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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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