



PO Box 1109 ~ Greenville, ME 04441

DEATH CERTIFICATE APPLICATION

Full Name of Decedent: _____

Date of Death: _____ Number of Copies Requested: _____

Applicant's Name: _____ Phone Number: _____

Applicant's Address: _____

Indicate your Relationship to the person on requested record below:

- Spouse
- Parent
- Registered Domestic Partner
- Guardian
- Attorney of Person on record _____
- Genealogist ID # _____
- Descendant
- None of the above (short form will be issued)

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

Applicant Signature: _____ Date: _____

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

Clerk's Use Only

Applicant must provide **one** of these: Driver's License Passport Government issued picture I.D.

OR two of these:

- Utility Bills
- Bank Statement
- Vehicle Registration
- Income Tax Return
- Personal Check w/Address
- A previously issued vital record
- Letter from Government Agency
- Department of Corrections
- Department of Corrections I.D.
- Social Security Card
- DD214
- Hospital; birth worksheet
- License/rental agreement
- Pay Stub
- W-2
- Voter Registration Card
- Disability award from SSA
- Other _____

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

Issuing Clerks Initials _____