TOWN OF MOUNT DESERT

APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

$15.00 for first copy, $6.00 for each additional copy of the same record purchased at the same time.

Make check payable to "Town of Mount Desert"

Please fill in the following information for location and record identification.

PLEASE PRINT

Full Name of Decedent: _____

Date of Death: _____ Number of Copies Requested: _____

Applicant's Name: _____

Applicant's Address: _____

_____

Indicate your Relationship to the person on requested record below:

- ❒ Spouse
- ❒ Registered Domestic Partner
- ❒ Parent
- ❒ Guardian
- ❒ Descendant
- ❒ Attorney of person on record
- ❒ Genealogist ID # _____
- ❒ 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: _____ Today's Date: _____

Below line is for Clerk's use only

Proof of identity of applicant:

Applicant must provide one of these:

- ❒ Driver's License
- ❒ Passport
- ❒ Government issued picture I.D

OR two of these:

- ❒ Utility bills
- ❒ Bank statements
- ❒ Vehicle registration
- ❒ Income tax return
- ❒ Personal Check w/ address
- ❒ A previously issued vital record
- ❒ Letter from government agency requesting record (DHHS, WIC)
- ❒ Department of Corrections I.D.
- ❒ Social Security Card
- ❒ DD 214
- ❒ 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

Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials: _____