

TOWN OF PARSONSFIELD, MAINE

APPLICATION FOR SEARCH & CERTIFIED COPY OF A VITAL RECORD

FEE: \$15.00 first copy; \$6.00 each additional copy
Make checks payable to: TOWN OF PARSONSFIELD

DATE REQUESTED: _____

NAME OF PERSON REQUESTING RECORD: _____

ADDRESS & PHONE: _____

RELATIONSHIP TO PERSON ON RECORD: _____

SIGNATURE: _____

Please fill in the appropriate information below for the record(s) you are requesting.

BIRTH RECORD # of copies requested: _____

BIRTH NAME: _____

BIRTH DATE: _____ BIRTH PLACE: _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

MARRIAGE RECORD # of copies requested: _____

PARTY #1 NAME: _____

PARTY #2 NAME: _____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

DEATH RECORD # of copies requested: _____

NAME OF DECEDENT: _____

DATE OF DEATH: _____

Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded.

WITH CAUSE OF DEATH **WITHOUT** CAUSE OF DEATH

FOR OFFICE USE:
Document(s) seen for proof of identity: _____