

Death Certificate Request Form

Full Name of Descendent

Date of Death

Applicant Name

Applicant Address

Number of Copies

(\$15 for the 1st Copy, and \$6 for each additional copy)

Indicate circle your Relationship to the person on the requested record below:

Self

Spouse

Parent

Registered/Domestic Partner

Descendant

Genealogist ID Number

Guardian

Attorney or Person on Record

Other:

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

Date

Applicant Signature _____

For Office Use Only

Applicant must provide proof of one of the following:

Driver's License

Passport

Government Issued Picture I.D.

Or two of the following:

Utility Bills

Bank Statements

Vehicle Registration

Income Tax Return

Personal Check w/address

Previously Issued Vital Record

Letter from government agency
requesting record

Dept. of Corrections I.D. Card

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.

Instructions

When you have completed this form, please click on the "Print Form to Sign" button below. When the document has successfully printed, sign the form and remit to the Hermon Town Office with the necessary proof(s) of identification and a return envelope. Please use the following mailing address:

Town of Hermon
333 Billings Rd
Hermon, ME 04401
Attn: Vitals