

# Marriage Certificate Request Form

Full Maiden Name of Party B/ Bride/Spouse	<input type="text"/>
Full Name of Party A/ Groom/Spouse	<input type="text"/>
Date of Marriage	<input type="text"/>
Applicant Name	<input type="text"/>
Applicant Address	<input type="text"/>
Number of Copies	<input type="text"/>

(\$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 <input type="text"/>
Guardian	Attorney or Person on Record	
Other:	<input type="text"/>	

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	<input type="text"/>

### 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