



# TOWN OF MILFORD

P. o. Box 336, 62 Davenport St. Milford, ME 04461

PH. 207-827-2072

FAX. 207-827-1524



## APPLICATION FOR CERTIFIED COPY OF A VITAL RECORD

**\$15.00 for first certified copy, \$6.00 for additional copies** Please have your State Driver's License or State I.D. available. Birth certificates, Death certificates and Marriage certificates will be asked to be seen if you are obtaining a record other than your own.

- **Please provide signature, Address, And Phone Number on Back of Form**

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### Birth Record:

Date of Birth: \_\_\_\_\_

Full Name of Child: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

How many copies being requested?: \_\_\_\_\_

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### Death Record:

Date of Death: \_\_\_\_\_

Full Name of Decedent: \_\_\_\_\_

Place of Death: \_\_\_\_\_

How many copies being requested?: \_\_\_\_\_

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### Marriage Record:

Date of Marriage: \_\_\_\_\_

Full Maiden Name of Groom/Spouse: \_\_\_\_\_

Name Prior to Marriage (If was different then maiden): \_\_\_\_\_

Full Maiden Name of Bride/Spouse: \_\_\_\_\_

Name Prior to Marriage (If was different then maiden): \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

How many copies being requested?: \_\_\_\_\_

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Relation to person on Record: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Physical Address: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

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**Town of Milford Use Only**

Type of Identification Provided: \_\_\_\_\_

Type of Record being applied for: \_\_\_\_\_

Date Delivered to Applicant: \_\_\_\_\_

or

Reason for denying applicant of record: \_\_\_\_\_

\_\_\_\_\_

Employee Initials: \_\_\_\_\_

\*\*\*\*\*Vital Record information is never to be given over the phone, Never Email records and

Never mail vital record unless all documentation is provided and record(s) paid for.\*\*\*\*\*