

**TOWN OF FALMOUTH**

**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 Falmouth

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: \_\_\_\_\_

GROOM'S NAME: \_\_\_\_\_

BRIDE'S 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: \_\_\_\_\_

CAUSE 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. If you are requesting such information, please complete the following questions, read and sign the certification statement below:

Are you related to the decedent?      YES                      NO

If yes, how? \_\_\_\_\_

If no, on what basis do you represent decedent (check one) :

- Attorney, physician or funeral director?
- Other agent authorized in writing by the decedent's immediate family or descendants thereof. (Present written statement of authorization.)

I hereby certify that I am the applicant named above and that I request a certified copy of the death record including the confidential medical information on cause of death, for the above-named decedent, in accordance with 22 MRSA §2706 and 10-146 CMR Ch. 7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

Applicant Signature: \_\_\_\_\_