



# TOWN OF GREENVILLE

PO Box 1109 ~ Greenville, ME 04441

(207) 695-2421 Fax (207) 695-4611

## APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

**\*\*PLEASE PRINT\*\***

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

Date of Death: \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_

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

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

Indicate your Relationship to the person on requested record below:

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse                      | <input type="checkbox"/> Attorney of person on record                  |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Genealogist ID # _____                        |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> None of the above (short form will be issued) |
| <input type="checkbox"/> Guardian                    |  |
| <input type="checkbox"/> Descendant                  |  |

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

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Below line is for Clerk's use only*

### Proof of identity of applicant:

Applicant must provide one of these:

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government issued picture I.D. |
|---|-----------------------------------|---|

OR two of these:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Utility bills                    | <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> License/rental agreement  |
| <input type="checkbox"/> Bank statements                  | <input type="checkbox"/> Department of Corrections I.D.                              | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> Vehicle registration             | <input type="checkbox"/> Social Security Card  | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> Income tax return                | <input type="checkbox"/> DD 214  | <input type="checkbox"/> Voter Registration card   |
| <input type="checkbox"/> Personal Check w/ address        | <input type="checkbox"/> Hospital: birth worksheet                                   | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> A previously issued vital record |  | <input type="checkbox"/> 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

*Do not retain copies of proof provided or note any specific numbers*

Issuing Clerk's Initials: \_\_\_\_\_