

Ashland

Town of Ashland, P.O. Box 910, Ashland, ME 04732

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Application for a Search and Certified Copy of a Vital Record

Non-Refundable Fees: \$15.00 for certified copy, \$6.00 for additional copies of same record received at the same time.

\$10.00 for non-certified (not a legal copy)

If requesting a record by mail or email you must:

1. Fill out this form and send it via mail or Email.
2. Send a self-addressed stamped envelope.
3. Send payment by Money Order, Check, or make arrangements to pay with Credit card over phone.
4. Send proof of identity. *IT IS REQUIRED.* Please include a copy of your driver's license, passport, or other government –issued picture identification.

DEATH CERTIFICATE

Name of Deceased: _____

Date of Death: _____

Applicant's Name: _____

Applicant's Address (physical and mailing): _____

Phone or email: _____

Date: _____ How many copies _____ Certified? (Y) (N)

APPLICANT IS (Check all that Apply):

- Requesting own certificate
- Requesting cert. for Spouse (must show marriage license)
- Requesting cert for Registered Domestic Partner (must show DP cert.)
- Requesting cert for Parent (must be listed on record)
- Requesting cert. for Guardian (must show court issued guardianship papers)
- Requesting cert, for Descendant (must show lineage) _____
- Requesting cert. by Attorney (must show notarized statement from person authorizing request)
- Genealogist (must show direct and legitimate interest as agent and written permission)

Note The requested cert. copy of death record includes confidential medical information on cause of death, for the above-named decedent, in accordance with 22 MRSA SS2706 and 10-146 CMR Chapters 7 & 8. You understand that penalties are prescribed by law for misrepresentation on this application.*

Office Use Only:

Certificate Number(s): _____

Clerk: _____

Date: _____