# CITY OF CARIBOU, MAINE

### APPLICATION FOR A CERTIFIED COPY A MARRIAGE RECORD

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time

### MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.

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

| Full Name of Spouse:   |                                   |
|--|-----------------------------------|
| Full Name of Spouse:   |                                   |
| Date of Marriage:  |                                   |
| City/Town of Residence at time of Marriage:                                      |                                   |
| Your Name:   |                                   |
| Your Complete Mailing Address:   |                                   |
| Email:   |                                   |
| Your Relationship to the couple:   |                                   |
| PLEASE PROVIDE PROOF OF LINEAGE OR DIRECT & LEGITIMATE INTEREST                  |                                   |
| By signing below, I swear/affirm that the information above is true and correct. |                                   |
| Your Signature:  | How many certified copies?        |
| MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.                       |                                   |
| **PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE**                             |                                   |
| A 2.5% processing fee will be added to all debit & credit card purchases.        |                                   |
| A \$1.00 minimum fee will be charged for all debit and credit card transactions. |                                   |
| If you are faxing your request, please include the following: fax #207-498-3954  |                                   |
| Signature of cardholder  |                                   |
| Name as it appears on the credit card  |                                   |
| Credit Card #  |                                   |
| 3-digit Security Code  |                                   |
| Cards Accepted: check one Visa Maste   | er Card Discover American Express |

#### **Proof of Identity of Applicant**

#### Applicant must provide one of these:

Driver's License

Passport

Government issued picture I.D.

## OR two of these, limited to one of each category:

Utility bills

Bank statements

Vehicle registration

Income tax return

Personal Check w/ address

A previously issued vital record

Letter from government agency requesting record (DHHS, WIC)

Department 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

Medicare/Medicaid insurance card

School picture ID card

Employee photo ID badge

Other secondary forms of identification can also be considered if they contain name, address and date of birth

### 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