***City of Caribou, Maine***

GENEALOGY RESEARCH REQEST FORM – BIRTH CERTIFICATES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name of person on record: | | |  | | |
|  | | | *Use maiden name of married females, if known* | | |
| Date of birth (if specific date unknown, list approximate timeframe): | | | | |  |
| Place of Birth: |  | | | | |
|  | *Birth must have occurred in Caribou or mother must have been a resident of Caribou at the time of the child’s birth* | | | | |
| Full name of father: | |  | | | |
| Full maiden name of mother: | |  | | | |
| Other pertinent information that might help with search (sibling’s names, etc.) | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*Name of person requesting search: | | |  | | |
| Address of person requesting search: | | |  | | |
| Email Address: | |  | | | |
| Signature: |  | | | Daytime Phone Number: |  |

\*Person requesting record must be a direct descendant and prove lineage or provide us with a copy of their State of Maine Genealogists I.D. Card. All marriage records over 50 years old are open to the public and no identification required.

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

**The fee is $5.00 per record searched. Please make check or money order payable to, “City of Caribou”.**

**Mailing Address: Caribou City Clerk’s Office, 25 High Street, Caribou, ME 04736**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | |
| Cards Accepted: check one | | | | Visa | | Master Card | Discover | | | American Express |
| Name as it appears on the credit card: | | | | |  | | | | | |
| Credit Card #: | |  | | | | | Exp Date: | |  | |
| 3-Digit Security Code: | | |  | | | | Billing Zip Code: | |  | |
| Signature of Cardholder: |  | | | | | | Date: |  | | |