***City of Caribou, Maine***

GENEALOGY RESEARCH REQUEST FORM – MARRIAGE CERTIFICATES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name of groom: |  | | | | |
| Full name of Bride, including maiden name: | | | |  | |
| Date of Marriage (if specific date unknown, list approximate timeframe): | | | | |  |
| Place of Marriage: |  | | | | |
|  | *Marriage must have occurred in Caribou or one person must have been a resident of Caribou at the time of the marriage* | | | | |
| Names of Groom’s Parents: | |  | | | |
| Names of Bride’s Parents: | |  | | | |
| Other pertinent information that might help with search: | | |  | | | |
|  | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*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 $6.00 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**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  | | |