

CITY OF CARIBOU, MAINE

APPLICATION FOR A CERTIFIED COPY OF BIRTH 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 on Birth Record: _____

City of Birth: _____ Date of Birth: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Your Name: _____ Today's Date: _____

Your Complete Mailing Address: _____

Email: _____ Your Phone Number: _____

Your Relationship: Self Parent Spouse Child Sibling

Guardian Descendant Attorney of person on record

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

Your Signature: _____ How many certified copies? _____

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****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 #207-493-4207

Signature of cardholder _____

Name as it appears on the credit card _____

Credit Card # _____ Exp. Date _____

3-digit Security Code _____ Billing Zip Code _____

Cards Accepted: check one Visa Master Card Discover American Express