

# CITY OF CARIBOU, MAINE

## APPLICATION FOR A CERTIFIED COPY A DEATH 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 Deceased: \_\_\_\_\_

City/Town of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Complete Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Your Relationship: \_\_\_ Parent \_\_\_ Spouse \_\_\_ Child \_\_\_ Sibling  
\_\_\_ Guardian \_\_\_ Descendant \_\_\_ Attorney of person on record

What basis is the certificate needed? \_\_\_\_\_

**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? \_\_\_\_\_

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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