



**Town of Norridgewock**  
16 Perkins Street  
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Norridgewock, ME 04957-0007  
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[townmanager@townofnorridgewock.com](mailto:townmanager@townofnorridgewock.com)

## APPLICATION FOR A SEARCH AND CERTIFIED COPY OF A VITAL RECORD

Non-Refundable Fees:      \$15.00 for certified copy, \$6.00 for each additional copy of same record,  
\$10.00 for non-certified (not a legal copy)

Applicant:      Please fill in the information in the appropriate box for the requested record, the reason for requesting the record, and the name and address for mailing the certified copy. Enclose a check or money order payable to Town of Norridgewock and mail to the address above.

<b>Birth Record</b>  # Copies: _____	Full Name of Child
	Date of Birth
	Place of Birth
	Parent's Full Name
	Parent's Full Name
<b>Death Record</b>  # Copies: _____	Full Name of Decedent
	Date of Death
	Place of Death
<b>Marriage Record</b>  # Copies: _____	Full Name of Groom/Spouse
	Full Maiden Name of Bride/Spouse
	Date of Marriage
	Place of Marriage

Please include a copy of a government-issued ID and proof of relationship to the record requested or proof of a direct and legitimate interest in the record. Please see the pamphlet regarding Direct and Legitimate Interest – Accessing Closed Records in Maine.

Phone and online orders for Vital Records may also be placed through VITALCHEK, using a credit card, at the toll-free number (877) 523-2659 or online at [www.vitalchek.com](http://www.vitalchek.com)

Applicant Signature: \_\_\_\_\_

Applicant Name Printed: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

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

*Office Use Only*

Date:

Cert #:

## IDENTIFICATION

One of the following

- ☐ Driver's License
- ☐ Passport
- ☐ Government-Issued Picture ID

*or*

Two of the following

- ☐ Utility Bills
- ☐ Bank Statements
- ☐ Vehicle Registration
- ☐ Income Tax Return
- ☐ Personal Check with Address
- ☐ Previously Issued Vital Record
- ☐ Letter from Government Agency Requesting Record
- ☐ Department of Corrections ID Card
- ☐ Social Security Card
- ☐ DD-214
- ☐ Hospital; Birth Worksheet
- ☐ License/Rental Agreement
- ☐ Paystub
- ☐ W-2
- ☐ Voter Registration Card
- ☐ Disability Award from SSA
- ☐ Other \_\_\_\_\_

## RELATIONSHIP

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Parent
- ☐ Guardian
- ☐ Descendent
- ☐ Attorney or Agent of person on record
- ☐ Family
- ☐ Genealogist ID # \_\_\_\_\_
- ☐ Officiant

## ELIGIBILITY

- ☐ Related applicants must provide proof of lineage
- ☐ Domestic partners must provide proof of registration of domestic partnership
- ☐ Attorney must have signed, notarized release from family
- ☐ Genealogists must provide state-issued card