

**CITY OF BELFAST
CLERK'S OFFICE
131 CHURCH STREET, BELFAST, ME 04915**

**Vital Records from 1892 to present -FEES: \$15.00 for first certified copy,
\$6.00 for additional copies of same record gotten at same time.**

If requesting a record by mail you must send a self addressed stamped envelope.

If requesting a record from outside of Maine, payment should be made by Money Order or Bank Check only – no out of state personal checks will be accepted.

Records prior to 1892 & GENEALOGY search: \$3.00 per name (these are not a legal copies)

Please fill in the information in the appropriate box for the record you are requesting. The relationship to the record, and the name and mailing address of the person requesting record.

Enclose a money order or in state check, payable to:

CITY OF BELFAST and mail your request to: ➔ ➔

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BIRTH RECORD	Full Name of Child
	Date of Birth
	Place of Birth
	Father's Full Name
	Mother's Full Name – Maiden
Relationship to child	

DEATH RECORDS	Full Name of Decedent
	Date of Death
	Place of Death
Relationship to Decedent	

FOR RECORD OF DEATH-PLEASE COMPLETE THE NEXT PAGE OR OTHER SIDE

MARRIAGE RECORDS	Full Name of Groom
	Full Maiden Name of Bride
	Date of Marriage
	Place Marriage license obtained

Office Information: (207) 338-3370. You may place you order by mail or in person.

Signature: _____

Name: _____

Address: _____

Phone: () _____

CAUSE OF DEATH

Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded. If you are requesting such information, please complete the following questions read and sign the certification statement below:

Are you related to the decedent? **YES** **NO**

If yes, how? _____

If no, on what basis do you represent decedent (check one):

 Attorney, physician or funeral director for the decedent?

 Other agent authorized in writing by the decedent's immediate family or descendents thereof. (Present written statement of authorization.

I hereby certify that I am the applicant named above and that I request a certified copy of the death record including the confidential medical information on cause of death, for the above-named decedent, in accordance with 22 MRS §2706 and 10-146 CMR Ch. 7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

Signature: _____

Print Name: _____