

APPLICATION FOR A SEARCH AND CERTIFIED OR NON-CERTIFIED COPY OF A VITAL RECORD

MUST INCLUDE: A PHOTOCOPY OF PROOF OF IDENTIFICATION AND PROOF OF LINEAGE, IF NECESSARY.

NON-REFUNDABLE FEES: \$15.00 FOR FIRST CERTIFIED COPY, \$6.00 FOR EACH ADDITIONAL CERTIFIED COPY OF THE SAME RECORD. THERE IS A \$5.00 FEE FOR EACH SEARCH/NON-CERTIFIED COPY (not a legal copy)

***** **MAKE CHECKS PAYABLE TO "CITY OF BATH"*******

Applicant: Please **PRINT** the information in the appropriate box for the record you are requesting and the reason for requesting the record.

Birth Record	Full Name of Child
	Date of Birth
	Place of Birth
	Father's Full Name
	Mother's Full Name

Reason for Requesting Record:
 Number of Certified Copies: _____ Number of Non-Certified Copies: _____
Applicant Signature, Address and Telephone Number:

Marriage Record	Full Name of Groom
	Full Maiden Name of Bride
	Date of Marriage
	Place of Marriage

Reason for Requesting Record:
 Number of Certified Copies: _____ Number of Non-Certified Copies: _____
Applicant Signature, Address and Telephone Number:

Death Record	Full Name of Decedent
	Date of Death
	Place of Death
	Number of Certified Copies: _____ Number of Non-Certified Copies: _____

for record of death please complete the following:

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? _____

If yes, how? _____

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

_____ Attorney, physician or funeral director?

_____ Other agent authorized in writing by the decedents immediate family or descendants 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 MRSA §27067 and 10-146 CMR Ch.7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

Applicant Signature, Address and Telephone Number:
