

CITY OF BELFAST

131 CHURCH STREET, BELFAST, ME 04915 • (207) 338-3370 Ext 14

APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD

\$15.00 for first copy, \$6.00 for each additional copy

Make check payable to "City of Belfast"

~ PLEASE PRINT ~

Full Name on Birth Record: _____

Date of Birth: _____ Number of Copies Requested: _____

Applicant's Name: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Applicant's Address: _____

Indicate your relationship to the person on the requested record below:

- | | |
|--|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Genealogist ID# _____ |

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

Applicant Signature: _____ Today's Date: _____

Phone # _____

Below line is for Clerk's use only

Proof of identity of applicant:

Applicant must provide one of these:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government issued picture I.D. |
|---|-----------------------------------|---|

OR two of these:

- | | | |
|---|--|--|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> Paystub |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Income Tax Return | <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Personal check w/address | | <input type="checkbox"/> Disability award from SSA |

- | | | |
|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> DD 214 | <input type="checkbox"/> Hospital; birth worksheet | <input type="checkbox"/> Other _____ |
|---------------------------------|--|--------------------------------------|

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership.
- Attorneys must provide a signed, notarized release of family.
- Genealogists must provide a state-issued card.

Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials: _____

Receipt #: _____

Total: _____

Cash: _____ Check _____ CC _____