

Town of Rockport, Maine

Birth Certificate

Name on birth record: _____

Date of Birth: _____

How many copies? _____

Parents Names (with mother's maiden): _____

Applicant Name: _____

Applicant Address: _____

_____ Telephone Number _____

Indicate your relationship to the person whose record you have requested:

- | | |
|--|---|
| <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 my signature below, I swear/affirm that the information above is true and correct.

Applicant Signature: _____

Today's Date: _____

\$15 for 1st copy, \$6 for each additional copy

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"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport | |

OR two of these:

- | | |
|---|--|
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Bank statements | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Letter from government agency requesting record
(DHHS, WIC) | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> Disability award from SSA |
| | <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 from family
- Genealogists must provide a state-issued card

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

Clerk's Initial _____

Town of Rockport
Death Certificate

Full name of decedent: _____

Date of Death: _____

How many copies? _____

Applicant Name: _____

Applicant Address: _____

_____ Telephone Number _____

Indicate your relationship to the person whose record you have requested:

- | | |
|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Genealogist ID # _____ |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> None of the above (short form will |
| <input type="checkbox"/> Descendant | be issued) |

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

Applicant Signature: _____

Today's Date: _____

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Proof of identity of applicant:

Applicant must provide one of these:

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

OR two of these:

- | | |
|---|--|
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| <input type="checkbox"/> Bank statements | <input type="checkbox"/> DD 214 |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Letter from government agency requesting record
(DHHS, WIC) | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Department of Corrections I.D. card | <input type="checkbox"/> Disability award from SSA |
| | <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 from family
- Genealogists must provide a state-issued card
- Funeral Home must be provider of death certificate

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

Clerk's Initial _____

Town of Rockport
Marriage License

Full Maiden Name of Bride: _____

Full Name of Groom: _____

Date of Marriage: _____

How many copies? _____

Applicant Name: _____

Applicant Address: _____

Telephone _____

Indicate your Relationship to the person on requested record below:

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

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| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Letter from government agency requesting record
(DHHS, WIC) | <input type="checkbox"/> Voter Registration card |
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