**TOWN OF CAPE ELIZABETH**
**TOWN CLERK'S OFFICE**
**320 OCEAN HOUSE ROAD**
**CAPE ELIZABETH, MAINE 04107**
**(207) 799-7665**

# REQUEST FOR COPY OF VITAL RECORD(S)

**FEES:** $15.00 for the first certified copy, $6 for each additional of the same record, requested at the same time. Please fill out the appropriate section for the record you are requesting along with the bottom portion of the form. Signature required (page 2).
**PAYMENT:** Cash or check/money order payable to the TOWN OF CAPE ELIZABETH.
**ID:** Copy of requestor's identification is required (including, but not limited to, driver's license, passport or other government issued picture identification). **If applicable,** proof of lineage or direct and legitimate interest required.

## BIRTH RECORD

FULL NAME OF CHILD _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

PARENT/FATHER/MOTHER(MAIDEN)_____

PARENT/FATHER/MOTHER(MAIDEN) _____

## DEATH RECORD *(SEE PAGE 2 FOR ADDITIONAL INFO NEEDED)*

FULL NAME OF DECEDENT _____

DATE OF DEATH _____

PLACE OF DEATH _____

## MARRIAGE RECORD

FULL NAME OF GROOM/BRIDE(MAIDEN)/SPOUSE _____

FULL NAME OF GROOM/BRIDE(MAIDEN)/SPOUSE _____

DATE OF MARRIAGE _____

**Relationship to Person(s) Named on the Record _____OR

**Direct and Legitimate Interest _____

FORM OF ID PROVIDED_____ NUMBER OF COPIES_____

AMOUNT ENCLOSED_____ VETERAN'S RECORD?_____

METHOD OF PAYMENT (PLEASE CIRCLE):**CASH** OR **CHECK/MONEY ORDER**

CHECK NUMBER_____

**REQUESTOR'S INFORMATION**

Name _____

Address _____

Telephone _____ Email _____

*****Those requesting copies, in person or by mail, of vital records less than 100 years ago must provide documentation establishing their right to the documents (proof of lineage or direct and legitimate interest), and verify their identity.***

**CAUSE OF DEATH**

***(REQUIRED FOR DEATH RECORD REQUESTS ONLY)***

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

Are you related to the decedent? YES NO

If yes, how?_____

If no, on what basis do you represent decedent?

___ Funeral director, attorney or physician?

___ Other agent authorized in writing by the decedent's immediate family or descendents thereof. A written statement of proof will be required with request.

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 the cause of death for the above named decedent, in accordance with 22 MRSA §2706 and 10-146 CMR Ch. 7 and 8. I understand that penalties are prescribed by law for misrepresentation on the application.

**REQUESTOR'S SIGNATURE**

SIGNATURE: _____

DATE: _____