

Birth Certificate Request Form

Name on Birth Record

Date

Father's Name

Mother's Name

Applicant Name

Number of Copies

(\$15 for the 1st copy, and \$6 for each additional copy)

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Registered/Domestic Partner | <input type="checkbox"/> Descendant | <input type="checkbox"/> Genealogist ID Number <input type="text"/> |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Attorney or Person on Record | |
| <input type="checkbox"/> Other: | <input type="text"/> | |

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

Date

Applicant Signature

For Office Use Only

Applicant must provide proof of one of the following:

- Driver's License Passport Government Issued Picture I.D.

Or two of the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Bank Statements | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Income Tax Return | <input type="checkbox"/> Personal Check w/address | <input type="checkbox"/> Previously Issued Vital Record |
| <input type="checkbox"/> Letter from government agency requesting record | <input type="checkbox"/> Dept. of Corrections I.D. Card | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> DD 214 | <input type="checkbox"/> Hospital/Birth Worksheet | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Pay Stub | <input type="checkbox"/> W-2 | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Disability Award from SSA | <input type="checkbox"/> Other | <input type="text"/> |

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.

Instructions

When you have completed this form, please click on the "Print Form to Sign" button below. When the document has successfully printed, sign the form and remit to the Hermon Town Office with the necessary proof(s) of identification and a return envelope. Please use the following mailing address:

Town of Hermon
PO Box 6300
Hermon, ME 04402
Attn: Vitals