

Town of Corinth

PO Box 309, 31 Exeter Rd. Corinth, ME 04427

PH. (207) 285-3271

Vital Records Request Form

Updated 10/06/2017

Please note that our office may take up to 24 hours to process this request. EDRS requests will be subject to State processing time limits

**Current Fees: \$15.00 for the first certified copy and just \$6.00 for each additional copy of the record.
\$10.00 for a non-certified (non-legal) copy.**

Request Directions: Please fill in the application below and enclose a check or money order made out to the Town of Corinth with copies of supporting documents listed below. Be sure to include a self-addressed, stamped envelope and mail to: Town of Corinth, PO Box 309, Corinth, ME 04427.

Please Note: The Office is prohibited from accepting vital record requests(s) via fax, email or by phone. Once an application is received and processed, the completed record(s) may not be faxed or emailed.

Type of document requested: (Please select type to the far right and list number below)

_____ Certified Copy \$15.00 _____ Non-Certified \$10.00
_____ Additional Copies \$6.00 **TOTAL DUE:** _____

_____ Birth Certificate (Closed *75 yrs.)
_____ Marriage Certificate (Closed *50 yrs.)
_____ Death Certificate (Closed *25 yrs.)

Applicant's ID: (check/supply one) _____ Driver's License _____ Passport _____ Other Government ID

If the form of ID listed above is unavailable, please send/present two of the following items listed unless you are seeking a record as defined by Maine State Law. *Open records (time limits above) are not subject to this state requirement: Utility Bill, Bank Statement, Vehicle Registration, Signed Income Tax Return, Social Security Card, DD214, Dept. of Corrections ID Personal Check, Previously issued Vital Record, Rental Agreement, Paycheck Stub, W-2 or SSA Disability Award Letter, Insurance Policy, Mortgage company or bank statement.

By checking this box and signing below, I attest that I can furnish documents verifying a relationship to the record or meet the State's guidelines for establishing a Direct and Legitimate Interest in the record requested.

Name on the requested record: _____ **Date of Event:** _____

If Female, Maiden Name: _____ **Groom's/Applicant #1:** _____

Applicant's relationship to the person(s) on the record: (check at least one)

_____ Self _____ Parent/Guardian _____ Grandparent _____ Child _____ Spouse _____ Sibling _____ Other*
_____ Parent in-law _____ Aunt/Uncle _____ Niece/Nephew _____ Gov't Agency _____ Funeral Director

*If other is selected, please explain: _____

Applicant's Printed Name: _____ **Telephone:** _____

Address: _____ **Email:** _____

Applicant's Signature: _____ **Date:** _____

For office use only – do not mark in this area

_____ First record issued _____ Copies _____ Non-Certified _____ Cert # (s) _____

EDRS Request Copied Typed Fee(s) Collected: _____ CK# _____ Cash CC

Date Completed _____ Clerk _____

If application was denied – please have Town Clerk sign this form before filing: _____

If application denied, list reason why: _____