Birth Certificate

Name on birth record: (first-middle-last)				
Date of Bi	rth:			
How many	y copies?			
Parents N	ames: (mother's maiden)			
Applicant	Name:			
Applicant	Address: (street and mailing)			
Phone #:				
Indicate you	r Relationship to the person on requested			
record belov	v:			
	Self			
	Spouse			
	Registered Domestic Partner			
	Parent			
	Guardian			
	Descendant			
	Attorney of person on record			
	Genealogist ID #			
	low, I swear/affirm that the information above is			
true and corre				
Applicant	Signature:			
Today's D	ate:			
\$15 for 1st copy, \$6 for each additional copy				

Staff use: proof of identity provided by applican
Applicant must provide one of these:

Driver's License
Passport

☐ Government issued picture I.D.

OR two of these:

Utility b	ills
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٦ .	Bank	statemen	ts
_,	Dank	Statement	w

- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- ☐ Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- □ DD 214
- Hospital; birth worksheet
- License/rental agreement
- □ Pay stub
- W-2
- ☐ Voter Registration card
- □ Disability award from SSA
- 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

Proof of identity and Payment must be included with all requests.

Payment:

\$15 for the first copy of each individual record, \$6 for each additional copy of same record gotten in this request.

Town of Bowdoinham
Town Clerk Office
13 School Street
Bowdoinham, Maine 04008

Phone 207-666-5531 ax 207-666-5532

Office Hours:

Monday, Tuesday, Thursday, and Friday 8:30am - 4:00pm

Wednesday's 9:00am - 6:00pm

We do not retain copies of proof of identity provided or note any specific numbers after request is completed.