

**Mail application, proof of identity, self addressed stamped envelope, and fee to: Town of Rumford 145 Congress street Rumford, Maine 04276 207-364-3001 x 213 Fax 207-364-5642**

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy / checks payable to: Town of Rumford

**Birth Certificate application**

Name on birth record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How many copies: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner cert# \_\_\_\_\_
- Parent / Step-Parent / Grandparent # of copies \_\_\_\_\_
- Father-in-law / Mother-in-law ID shown \_\_\_\_\_
- Child / Step-child / Grandchild ID # \_\_\_\_\_
- Sibling Expires \_\_\_\_\_
- Aunt, Uncle, Niece, Nephew Amount Pd \_\_\_\_\_
- Guardian Cash Check Credit Card
- Attorney of person on record
- Genealogist ID # \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Proof of identity of applicant:**

Applicant must provide a photocopy of ONE of these:

Driver's License

Passport

Government issued picture I.D.

**OR two of these:**

Utility bills

Bank statements

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

**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