## <u>Town of Rockport, Maine</u>

**Birth Certificate** 

Name	on birth record:					
Date of	f Birth:					
	any copies?					
	Names (with mother's maide					
1 arcm.	s rumes (with motier's marter					
Annlia	ant Nama:					
	ant Name:					
Applic	ant Address:					
			_	hone Number		
Indicat	e your relationship to the perso	on whose record you have r	equ	ested:		
	□ Self			Guardian		
	□ Spouse			Descendant		
	□ Registered Domestic Par	tner		Attorney of person on record		
	Parent			Genealogist ID #		
Bv mv	signature below, I swear/affirm	n that the information abov	e is	-		
	ant Signature:	-				
rippite						
Today	s Date:					
		or 1 <sup>st</sup> copy, \$6 for each addit	tion	al copy		
		107		15		
		Below line is for Clerk's use o	nly			
Proof of	identity of applicant:					
		Applicant must provide one of the				
	Driver's License		Gov	vernment issued picture I.D.		
	Passport					
_		<u>OR two of these:</u>	_			
	Utility bills	_		ial Security Card		
	Bank statements			214		
	Vehicle registration			spital; birth worksheet		
	Income tax return			ense/rental agreement		
	Personal Check w/ address		-	stub		
	A previously issued vital record		W-2			
	Letter from government agency req	_		er Registration card		
_	(DHHS, WIC)			ability award from SSA		
	Department of Corrections I.D. card			er		
_		tablishing eligibility to acquire	reco	rd:		
	Related applicants must provide proof of lineage.					
	Domestic Partners must provide proof of registration of domestic partnership					
	Genealogists must provide a state-is					
	Do	not retain copies of proof provided or note any	specif	ic numbers		

## <u>Town of Rockport</u> <u>Death Certificate</u>

Full na	me of decedent:					
Date of	f Death:					
	nany copies?					
	ant Name:		_			
			one Number			
Indicat	e your relationship to the person whose record y	you have r	equested:			
	□ Spouse		□ Attorney of person on record			
	Registered Domestic Partner		Genealogist ID #			
	D Parent		□ Funeral Home			
	□ Guardian		□ None of the above (short form will			
	Descendant		be issued)			
Ry my	signature below, I swear/affirm that the informa	ation abov				
	ant Signature:					
Аррис						
Today'	's Date:					
5	\$15 for 1 <sup>st</sup> copy, \$6 for	each addi	tional copy			
	¢10 for 1 copy, ¢0 for	cucii uuui				
	Below line is for C	Clerk's use o	nly			
Proof of	f identity of applicant:					
	<u>Applicant must prov</u>					
	Driver's License		Government issued picture I.D.			
	Passport					
_	<u>OR two op</u>					
	Utility bills		Social Security Card			
	Bank statements		DD 214			
	Vehicle registration		Hospital; birth worksheet			
	Income tax return		License/rental agreement			
	Personal Check w/ address		Pay stub			
	A previously issued vital record		W-2			
	Letter from government agency requesting record		Voter Registration card			
	(DHHS, WIC)		Disability award from SSA			
	Department of Corrections I.D. card		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					
	Funeral Home must be provider of death certificate					
	Do not retain copies of proof pro					
	Clerk's Initial					

## <u>Town of Rockport</u> <u>Marriage License</u>

Full M	aiden Name of Bride:						
Full Na	ame of Groom:						
	f Marriage:						
	hany copies?						
	ant Name:						
	11						
Applic	ant Address:						
Teleph	one						
•		acord hal	<b></b>				
mulcat	e your Relationship to the person on requested re		_				
	□ Self/Spouse			Descendant			
	□ Parent			Attorney of person on record			
	Guardian			Genealogist ID #			
By my	signature below, I swear/affirm that the informa	tion abov	ve is	true and correct.			
Applic	ant Signature:		_				
Todav <sup>;</sup>	's Date:						
10 440 5	\$15 for 1 <sup>st</sup> copy, \$6 for e	each addi	tion	al conv			
	\$15 for 1 copy, \$6 for c		uon	al copy			
	Below line is for Cl	lerk's use o	only				
Proof of	f identity of applicant:						
	Applicant must provi	ide one of t	hese	<u>.</u>			
	Driver's License		Go	vernment issued picture I.D.			
	Passport						
	OR two of	<u>these:</u>					
	Utility bills		Soc	al Security Card			
	Bank statements			214			
	Vehicle registration			spital; birth worksheet			
	Income tax return			ense/rental agreement			
	Personal Check w/ address		-	7 stub			
	A previously issued vital record		W-				
	Letter from government agency requesting record			ter Registration card			
	(DHHS, WIC)			ability award from SSA			
	Department of Corrections I.D. card	to acquire		rd•			
	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						
	Do not retain copies of proof prov	ided or note an	y speci	ic numbers			