

**Town of Rockport, Maine**

**Birth Certificate**

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

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

How many copies? \_\_\_\_\_

Parents Names (with mother's maiden): \_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Indicate your relationship to the person whose record you have requested:

- |  |   |
|--|---|
| <input type="checkbox"/> Self                        | <input type="checkbox"/> Guardian                     |
| <input type="checkbox"/> Spouse                      | <input type="checkbox"/> Descendant                   |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> Genealogist ID # _____       |

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

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

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

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

---

*Below line is for Clerk's use only*

**Proof of identity of applicant:**

**Applicant must provide one of these:**

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |   |

**OR two of these:**

- |   |  |
|---|--|
| <input type="checkbox"/> Utility bills  | <input type="checkbox"/> Social Security Card      |
| <input type="checkbox"/> Bank statements  | <input type="checkbox"/> DD 214                    |
| <input type="checkbox"/> Vehicle registration   | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return  | <input type="checkbox"/> License/rental agreement  |
| <input type="checkbox"/> Personal Check w/ address                                      | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> A previously issued vital record                               | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> Letter from government agency requesting record<br>(DHHS, WIC) | <input type="checkbox"/> Voter Registration card   |
| <input type="checkbox"/> Department of Corrections I.D. card                            | <input type="checkbox"/> Disability award from SSA |
|   | <input type="checkbox"/> 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

Do not retain copies of proof provided or note any specific numbers

Clerk's Initial \_\_\_\_\_

**Town of Rockport**  
**Death Certificate**

Full name of decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

How many copies? \_\_\_\_\_

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

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

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Indicate your relationship to the person whose record you have requested:

- |  |   |
|--|---|
| <input type="checkbox"/> Spouse                      | <input type="checkbox"/> Attorney of person on record       |
| <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Genealogist ID # _____             |
| <input type="checkbox"/> Parent                      | <input type="checkbox"/> Funeral Home                       |
| <input type="checkbox"/> Guardian                    | <input type="checkbox"/> None of the above (short form will |
| <input type="checkbox"/> Descendant                  | be issued)  |

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

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

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

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

---

*Below line is for Clerk's use only*

**Proof of identity of applicant:**

**Applicant must provide one of these:**

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |   |

**OR two of these:**

- |   |  |
|---|--|
| <input type="checkbox"/> Utility bills  | <input type="checkbox"/> Social Security Card      |
| <input type="checkbox"/> Bank statements  | <input type="checkbox"/> DD 214                    |
| <input type="checkbox"/> Vehicle registration   | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return  | <input type="checkbox"/> License/rental agreement  |
| <input type="checkbox"/> Personal Check w/ address                                      | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> A previously issued vital record                               | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> Letter from government agency requesting record<br>(DHHS, WIC) | <input type="checkbox"/> Voter Registration card   |
| <input type="checkbox"/> Department of Corrections I.D. card                            | <input type="checkbox"/> Disability award from SSA |
|   | <input type="checkbox"/> 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 provided or note any specific numbers

Clerk's Initial \_\_\_\_\_

**Town of Rockport**  
**Marriage License**

Full Maiden Name of Bride: \_\_\_\_\_

Full Name of Groom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

How many copies? \_\_\_\_\_

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

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

Telephone \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant                   |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Guardian    | <input type="checkbox"/> Genealogist ID # _____       |

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

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

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

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

---

*Below line is for Clerk's use only*

**Proof of identity of applicant:**

**Applicant must provide one of these:**

- |   |   |
|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture I.D. |
| <input type="checkbox"/> Passport         |   |

**OR two of these:**

- |   |  |
|---|--|
| <input type="checkbox"/> Utility bills  | <input type="checkbox"/> Social Security Card      |
| <input type="checkbox"/> Bank statements  | <input type="checkbox"/> DD 214                    |
| <input type="checkbox"/> Vehicle registration   | <input type="checkbox"/> Hospital; birth worksheet |
| <input type="checkbox"/> Income tax return  | <input type="checkbox"/> License/rental agreement  |
| <input type="checkbox"/> Personal Check w/ address                                      | <input type="checkbox"/> Pay stub                  |
| <input type="checkbox"/> A previously issued vital record                               | <input type="checkbox"/> W-2                       |
| <input type="checkbox"/> Letter from government agency requesting record<br>(DHHS, WIC) | <input type="checkbox"/> Voter Registration card   |
| <input type="checkbox"/> Department of Corrections I.D. card                            | <input type="checkbox"/> Disability award from SSA |
|   | <input type="checkbox"/> 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

Do not retain copies of proof provided or note any specific numbers

Clerk's Initial \_\_\_\_\_