

Town of Lincoln

PH. 207-794-3372 Website: www.lincolmaine.org

Vital Records Request Form

**Current Fees: \$15.00 for the first certified copy and \$6.00 for each additional copy of the record.
\$ 3.00 for a non-certified (legal) copy.**

Request Directions :

Please fill in the application below and enclose a check or money order made out to the Town of Lincoln with copies of supporting documents listed below. Be sure to include a self-addressed, stamped envelope and mail to; **Shelly Crosby, Town Clerk at Town of Lincoln, 63 Main St. Lincoln, ME 04457**

Type of document requested: *(Please check to the far right and list number requested)*

_____ Certified Copy \$15.00 _____ Non-Certified \$3.00
_____ Additional Copies \$6.00 _____ **TOTAL DUE**

_____ Birth Certificate
_____ Marriage Certificate
_____ Death Certificate

Name of person (s) listed on the above record requested: _____

_____ Male _____ Female **Date of birth, marriage, or death:** _____

Female applicants must list their maiden name: _____

For a Marriage License - Name of the Groom: _____

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

_____ self _____ mother _____ father _____ child _____ spouse _____ other

Applicant's ID: *(check and send one)* _____ Driver's License _____ Passport _____ Other Government ID

If the form of ID listed above is unavailable, please send two of the following items listed below:

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

Name: _____ **Telephone:** _____

Address: _____ **Email:** _____

Applicant's Signature: _____

Please note if you don't complete the entire form, supply identification and include payment with a self addressed stamped envelope, we will be unable to process your request.

For Office Use Only - Do not mark in this area:

Date received: _____ First Copy issued: _____ Additional Copies issued: _____ Non-Certified: _____

Was the Application Processed: _____ Certification # _____ Blank Copy: _____ Typed: _____

Fee Charged: _____ CK #: _____ Clerk: _____ Date Mailed: _____

If the application was denied, please list reason why: _____