

BIRTH CERTIFICATE

Name on record: _____

Date of birth: _____

How many copies? _____ (\$15 for 1st copy, \$6 for each additional copy)

Mother's maiden name: _____

Father's name: _____

Applicant name: _____

Applicant address: _____

Applicant telephone: _____

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

- | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Spouse / Registered Domestic Partner | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Federal/State/Local Government
Agency of Public School Official | <input type="checkbox"/> Genealogist DHHS ID# _____ |
| | <input type="checkbox"/> Other _____ |

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

Applicant Signature: _____

Today's Date: _____

**Make checks payable to: Town of Dexter
23 Main Street
Dexter, Maine 04930**

Below line is for Clerk's use only

Proof of identity of applicant:

- | | |
|-------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Government issued picture ID |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Other _____ |

Amount Paid _____

Certificate Number _____

Clerk's Initials _____