

**DEATH CERTIFICATE**

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

Date of death: \_\_\_\_\_

How many copies? \_\_\_\_\_ (\$15 for 1<sup>st</sup> copy, \$6 for each additional copy)

Applicant name: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant telephone: \_\_\_\_\_

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

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