

APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.

Name on Record: _____

Date of Death: _____

How Many Copies? _____ (**\$15 for 1st copy, \$6 for each additional copy**)

Applicant Name: _____

Applicant Address: _____

Applicant Telephone: _____ Email: _____

Your Relationship: Spouse Other _____
(Must prove a direct and legitimate interest)

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

Mail requests to: Town of Dexter, 23 Main Street, Dexter, Maine 04930

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*Please note that a 2.5% processing fee will be added to all debit and credit card purchases
A \$1.00 minimum fee will be charged for all debit and credit card transactions*

FAX number: (207) 924-7352 If you are faxing your request please include the following:

Name as it appears on the credit card _____

Signature of cardholder _____

Credit Card Type _____ Credit Card # _____

Expiration Date _____ 3-Digit Security Code from back of card _____

Clerk's Use Only

Amount Paid _____ Certificate Number _____ Clerk's Initials _____