

# Town of Machias

Town Office

7 Court Street Suite 1

P.O. Box 418

Machias, ME 04654

Telephone (207) 255-6621 \* Fax (207) 255-6492

## APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

PLEASE CHECK ONE OF THE BOXES BELOW

CERTIFIED COPY     NON-CONFIDENTIAL COPY     VERIFICATION ONLY

(\$15.00 FOR THE FIRST CERTIFIED COPY, \$6.00 FOR EACH ADDITIONAL CERTIFIED COPY,  
AND \$5.00 FOR EACH NON-CONFIDENTIAL COPY)

IF PAYMENT IS BY CHECK, WE ACCEPT MONEY ORDERS AND CASHIERS CHECKS ONLY.  
CHECKS MADE PAYABLE TO THE TOWN OF MACHIAS.

\*\*\*\* PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE\*\*\*\*

\*\*\*PLEASE PRINT\*\*\*

Full Name of  
Decedent: \_\_\_\_\_

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

Your Name (Person  
Applying for record): \_\_\_\_\_

Mailing Address and Telephone  
Number of Person Applying for Record: \_\_\_\_\_

Are you related to the decedent? (circle one):    YES    NO

If yes, how? \_\_\_\_\_

If no, on what basis do you represent person(s) so related?

( ) Attorney, physician or funeral director

( ) Other agent authorized in writing by the decedent's immediate  
family or descendents thereof. (Present written statement of  
authorization.)

How many copies are you requesting: \_\_\_\_\_

Signature of Person  
Applying for record: \_\_\_\_\_ Today's Date: \_\_\_\_\_

PLEASE INCLUDE A COPY OF YOUR PICTURE ID (I.E. DRIVERS LICENSE OR PASSPORT)

FOR OFFICE USE ONLY

PAID BY: CASH    CREDIT CARD    CHECK # \_\_\_\_\_

INITIALS OF PERSON PREPARING CERTIFICATE: \_\_\_\_\_ DATE: \_\_\_\_\_