

# 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 MARRIAGE RECORD

PLEASE CHECK ONE OF THE BOXES BELOW

CERTIFIED COPY

VERIFICATION ONLY

(\$15.00 FOR THE FIRST CERTIFIED COPY AND \$6.00 FOR EACH ADDITIONAL CERTIFIED)  
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\*\*\*

Groom/Spouse Name:

Full MAIDEN Name  
(if applicable) \_\_\_\_\_

Wife/Spouse Name:

Full MAIDEN Name  
(if applicable) \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

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

Mailing Address and Telephone

Number of Person Applying for Record: \_\_\_\_\_

Are you related to the person(s) on the marriage record (circle one): YES NO SELF

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

If no, explain your direct and legitimate interest in this record: \_\_\_\_\_

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: \_\_\_\_\_