

Town of Machias

7 Court Street Suite 1

P.O. Box 418, Machias, ME 04654

townclerk@machiasme.org

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

APPLICATION FOR A CERTIFIED COPY OF A BIRTH 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

Name on Birth
Record: _____

Date of Birth: _____

Mother's Full Maiden Name: _____

Father's Full Name: _____

Your Name (Person
Applying for Record): _____

Mailing/Legal Address and Telephone
Number of Person Applying for Record: _____

Are you related to the person on the birth 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: _____