

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 DEATH RECORD

PLEASE CHECK ONE OF THE BOXES BELOW

☐ CERTIFIED 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/Legal 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 descendants 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: _____