

TOWN OF WINSLOW

APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time.

Make checks payable to "Town of Winslow"

Please fill in the following information for location and record identification

****PLEASE PRINT****

Full Name of Decedent: _____

Date of Death: _____

Number of Copies Requested: _____

Applicant's Name: _____

Applicant's Address: _____

Indicated your relationship to the person on requested record below:

Spouse Registered Domestic Partner Parent Descendant
 Guardian Attorney of person on record Genealogist ID # _____
 None of the above (short form will be issued)

By signing below, I swear/affirm that the information above is true and correct

Applicant Signature _____

Today's Date: _____

Below line is for clerk use only

Proof of identity of Applicant:

Applicant must provide one of these:

Driver's License Passport Government Issued Picture I.D.

OR two of these

Utility bills Hospital; birth worksheet Pay stub
 Bank Statements Department of Corrections I.D. W-2
 Vehicle registration Social Security Card Voter Registration Card
 Income tax return DD 214 Disability award from SSA
 Personal Check w/address Letter from government agency requesting record (DHHS, WIC) Other (must include name, address and DOB) _____
 A previously issued vital record License/rental agreement

Establishing eligibility to acquire record:

Related applicants must provide proof of lineage, plus I.D.

Domestic Partners must provide proof of registration of domestic partnership, plus I.D.

Attorneys must provide a signed, notarized release from family, plus I.D.

Genealogist must provide a state-issued card, plus I.D.

Do not retain copies of proof provided or note any specific numbers.

Safety Paper # Issued: _____

Issuing Clerk's Initials: _____

VITALS \$ _____

VITFEE \$ _____

TOTAL \$ _____