

Death Certificate

Full Name of Decedent: (first-middle-last)

Date of Death: _____

How many copies? _____

Applicant Name:

Applicant Address: (street and mailing)

Phone #: _____

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant _____
- 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: _____

Staff use: proof of identity provided by applicant

Applicant must provide a photocopy of one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

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

Establishing eligibility to acquire record:

- Related applicants must provide proof of lineage.
- Domestic Partners must provide proof of registration of domestic partnership
- Attorneys must provide a signed, notarized release from family
- Genealogists must provide a state-issued card

Proof of identity and Payment must be included with all requests.

We do not retain copies of proof of identity provided or note any specific numbers after request is completed.

Payment:

\$15 for the first copy of each individual record, \$6 for each additional copy of same record requested the same day.

**City of Saco
City Clerk's Office
300 Main Street
Saco, Maine 04072**

Phone 207-284-4831

Office Hours:

**Mon.–Thur. 8:30 a.m. to 5:00 p.m.
Fri. 7:30 a.m. to 4:00 p.m.**