

Death Certificate

Full Name of Decedent:

Date of Death: _____

Place of Death: _____

Applicant Name:

Applicant Address:

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Funeral Director
- Informant
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

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

Applicant Signature:

Today's Date: _____

\$15 for 1st copy, \$6 for each additional copy

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

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.

Town of Hiram
16 Nasons Way
Hiram ME 04041
207-625-4663

Hours

Mon – Thurs 9am to 3pm
Thurs Eve 5:30 pm to 7 pm
Fri 9am to noon
2nd Saturday of the month
8 am to 11 am