

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 – Weds 9am to 3pm
Thurs 9 am to 7 pm
Closed on Fridays**