

# Town of Lincoln

PH. 207-794-3372 Website: www.lincolmaine.org

# Vital Records Request Form

**Current Fees: \$15.00 for the first certified copy and \$6.00 for each additional copy of the record.  
\$ 3.00 for a non-certified (legal) copy.**

**Request Directions :**

Please fill in the application below and enclose a check or money order made out to the Town of Lincoln with copies of supporting documents listed below. Be sure to include a self-addressed, stamped envelope and mail to; **Shelly Crosby, Town Clerk at Town of Lincoln, 63 Main St. Lincoln, ME 04457**

**Type of document requested:** *(Please check to the far right and list number requested)*

\_\_\_\_\_ Certified Copy \$15.00      \_\_\_\_\_ Non-Certified \$3.00  
\_\_\_\_\_ Additional Copies \$6.00      \_\_\_\_\_ **TOTAL DUE**

\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Marriage Certificate  
\_\_\_\_\_ Death Certificate

**Name of person (s) listed on the above record requested:** \_\_\_\_\_

\_\_\_\_\_ Male    \_\_\_\_\_ Female      **Date of birth, marriage, or death:** \_\_\_\_\_

**Female applicants must list their maiden name:** \_\_\_\_\_

**For a Marriage License - Name of the Groom:** \_\_\_\_\_

**Applicant's relationship to the person on the record:** *(check one)*

\_\_\_\_\_ self    \_\_\_\_\_ mother    \_\_\_\_\_ father    \_\_\_\_\_ child    \_\_\_\_\_ spouse    \_\_\_\_\_ other

**Applicant's ID:** *(check and send one)*    \_\_\_\_\_ Driver's License    \_\_\_\_\_ Passport    \_\_\_\_\_ Other Government ID

**If the form of ID listed above is unavailable, please send two of the following items listed below:**

Utility Bill, Bank Statement, Vehicle Registration, Signed Income Tax Return, Social Security Card, DD214, Dept. of Corrections ID  
Personal Check, Previously issued Vital Record, Rental Agreement, Paycheck Stub, W-2 or SSA Disability Award Letter

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Please note if you don't complete the entire form, supply identification and include payment with a self addressed stamped envelope, we will be unable to process your request.**

**For Office Use Only - Do not mark in this area:**

Date received: \_\_\_\_\_ First Copy issued: \_\_\_\_\_ Additional Copies issued: \_\_\_\_\_ Non-Certified: \_\_\_\_\_

Was the Application Processed: \_\_\_\_\_ Certification # \_\_\_\_\_ Blank Copy: \_\_\_\_\_ Typed: \_\_\_\_\_

Fee Charged: \_\_\_\_\_ CK #: \_\_\_\_\_ Clerk: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

If the application was denied, please list reason why: \_\_\_\_\_