

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: _____

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

Staff use: proof of identity provided by 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

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

Payment:

\$15 for the first copy of each individual record, \$6 for each additional copy of same record gotten in this request.

***City of Auburn
City Clerk's Office
60 Court Street
Auburn, Maine 04210***

***Phone 207-333-6600 x 1126
Fax 207-333-6623***

Office Hours:

Monday-Wednesday's	8am to 4:30pm
Thursday's	8am to 6:30pm
Friday's	8am to 4:30pm

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