

Town of BRIDGTON, Maine
Town Clerk's Office

Laurie L. Chadbourne, Town Clerk
Patti A. Meehan, Deputy Town Clerk

FEES: \$10.00 for the first certified copy and \$5.00 for each additional certified copy of the same record purchased at the same time.

Please fill in the information in the appropriate box for the record. Enclose a check or money order, payable to: **TOWN OF BRIDGTON** and mail request to the address below:

BIRTH RECORDS	Full Name of Child:
	Date of Birth:
	Place of Birth:
	Father's Full Name:
	Mother's Full Name:
	Number of Copies Requested: _____

DEATH RECORDS	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Is the Cause of Death Requested? <input type="checkbox"/> Yes - <input type="checkbox"/> No
	Number of Copies Requested: _____
<i>If the cause of death is requested, please complete the back side of this form.</i>	

MARRIAGE RECORDS	Full Name of Groom:
	Full Maiden Name of Bride:
	Date of Marriage:
	Place Marriage License Obtained:
	Number of Copies Requested: _____

Printed Name of Applicant: _____ **Date:** _____

Address: _____ **Phone #:** (____) _____

Signature: _____

*Full Name of Decedent: _____

DEATH RECORDS

Public Information: Only the decedent's name, age, date of death, and place of death may be released to the general public. All other information on the death record is confidential.

Cause of death and other confidential information: All information except that specified above is confidential and may be released only to those with a direct and legitimate interest in the record. Municipal Clerks may release cause of death information only to members of the decedent's immediate family or their descendants, the decedent's legal custodian or guardian, those needing this information for determination or protection of a personal property right, or their respective authorized representatives.

Authorized representatives: These include: attorneys, physicians, funeral directors, or others such as genealogists authorized in writing by the immediate family or descendants.

If you are requesting confidential information, please complete the following questions; read and sign the certification statement below:

Are you related to the decedent? YES NO

If yes, How are you related? _____

If no, on what basis do you represent decedent (check one):

- Attorney, physician or funeral director.
- Other agent authorized in writing by the decedent's immediate family or descendants thereof. (Present written notarized statement of authorization.)

I hereby certify that I am the applicant named below and that I request a certified copy of the death record including the confidential information for the *above named decedent. I understand that penalties are prescribed by law for misrepresentation on this application.

Printed Name of Applicant: _____

Date: _____

Address: _____

Phone #: (____) _____

Signature: _____

All others seeking access to the cause of death date must apply to the Office of Vital Records:
Office of Vital Records
244 Water Street
Augusta, ME 04333
(207) 287-3181