

**TOWN OF DOVER-FOXCROFT**  
**APPLICATION FOR A CERTIFIED COPY OF A MARRIAGE RECORD**

Please fill in the following information for location and record identification.

\*\*PLEASE PRINT\*\*

Full Maiden Name of Bride: \_\_\_\_\_

Full Name of Groom: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Number of Copies Requested: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- |                                      |                                                       |
|--------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant                   |
| <input type="checkbox"/> Parent      | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Guardian    | <input type="checkbox"/> Genealogist ID # _____       |

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

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*Below line is for Clerk's use only*

**Proof of identity of applicant:**

**Applicant must provide one of these:**

- |                                                           |                                                                                      |                                                         |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Driver's License                 | <input type="checkbox"/> Passport                                                    | <input type="checkbox"/> Government issued picture I.D. |
| <b><u>OR two of these:</u></b>                            |                                                                                      |                                                         |
| <input type="checkbox"/> Utility bills                    | <input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC) | <input type="checkbox"/> License/rental agreement       |
| <input type="checkbox"/> Bank statements                  | <input type="checkbox"/> Department of Corrections I.D.                              | <input type="checkbox"/> Pay stub                       |
| <input type="checkbox"/> Vehicle registration             | <input type="checkbox"/> Social Security Card                                        | <input type="checkbox"/> W-2                            |
| <input type="checkbox"/> Income tax return                | <input type="checkbox"/> DD 214                                                      | <input type="checkbox"/> Voter Registration card        |
| <input type="checkbox"/> Personal Check w/ address        | <input type="checkbox"/> Hospital; birth worksheet                                   | <input type="checkbox"/> Disability award from SSA      |
| <input type="checkbox"/> A previously issued vital record |                                                                                      | <input type="checkbox"/> 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

Issuing Clerk's Initials: \_\_\_\_\_