TOWN OF DOVER-FOXCROFT
APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

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

**PLEASE PRINT**

Full Name of Decedent: ________________________________

Date of Death: ____________________________ Number of Copies Requested: _____

Applicant’s Name: _______________________________________

Applicant’s Address: ______________________________________

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: ________________

Below line is for Clerk’s use only

Proof of identity of applicant: Applicant must provide one of these:

☐ Driver’s License
☐ Passport
☐ Government issued picture I.D

☐ Utility bills
☐ Letter from government agency requesting record (DHHS, WIC)
☐ License/rental agreement

☐ Bank statements
☐ Department of Corrections I.D.
☐ Pay stub
☐ Vehicle registration
☐ Social Security Card
☐ W-2
☐ Income tax return
☐ DD 214
☐ Voter Registration card
☐ Personal Check w/address
☐ Hospital; birth worksheet
☐ Disability award from SSA
☐ A previously issued vital record
☐ 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: ____________