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:

☐ Self/Spouse
☐ Parent
☐ Guardian
☐ Descendant
☐ Attorney of person on record
☐ 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:

☐ 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
☐ W-2

☐ Vehicle registration
☐ Social Security Card
☐ Voter Registration card
☐ Income tax return
☐ DD 214
☐ Disability award from SSA
☐ Personal Check w/address
☐ Hospital; birth worksheet
☐ 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: ________________