Town of Bethel PO Box 1660 Bethel, ME 04217 (207) 824-2669

NON-REFUNDABLE SEARCH FEE Birth Certificate

Name on Birth Record:

Date of Birth: ______ Place of Birth: _____ Parents Names (with parent/mother's maiden):

Applicant Name:

Applicant Address:

Indicate your Relationship to the person on requested record below:

🗌 Self

Spouse

Registered Domestic Partner

🗌 Parent

🔲 Gaurdian

🗌 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:

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

NON-REFUNDABLE SEARCH FEE

	🗖 Driver's License
	Passport
	Government issued picture I.D.
OR two	of these:
	🔲 Utility Bill
	Bank statements
	Income tax return
	Personal check w/ address
	Previous issued vital record
	Ietter from government agency requesting record (DHHS, WIC)
	Department of corrections I.D. card
	Social security card
	DD 214
	Hospital; birth worksheet
	License/rental agreement
	Paystub
	₩-2
	Voter registration card
	Disability award from USA
	Other
Establis	hing eligibility to acquire records:
	Relatives must provide
	Proof of lineage
	Domestic Partners must
	provide proof of registration of domestic partnership
	Attorney's must provide
	a signed, notarized release from family

Geneologists must proved

Do not retain copies of proof Or note any specific numbers

a state-issued card

CERT#_____#of copies_____ ID #