Town of Bethel

PO Box 1660

Bethel, ME 04217

(207) 824-2669

NON-REFUNDABLE SEARCH FEE

***Death Certificate***

Full Name of Decedent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Death:­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate your Relationship to the person on requested record below:

 

 

 

 

 

 

 

 

*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**

**Proof of identity of applicant:**

***Applicant must provide one of these:***



 

OR two of these:







 

 record (DHHS, WIC)

 













 

**Establishing eligibility to acquire records:**

 

Proof of lineage

provide proof of registration of domestic partnership

a signed, notarized release from family

 a state-issued card

****

**Or note any specific numbers**

**CERT# #of copies**

**ID #**