Town of Bethel

PO Box 1660

Bethel, ME 04217

(207) 824-2669

NON-REFUNDABLE SEARCH FEE

***Marriage License***

Full Maiden Name of Bride/Spouse:

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

Full Name of Groom/Spouse:

Date of Marriage:

Place license issued: 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**

**CERT# #of copies**

**ID #**

**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

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**Or note any specific numbers**