

# Town of Poland

1231 Maine Street, Poland, ME 04274  
 Phone: (207) 998-4601  
 Fax: (207) 998-2002  
 www.polandtownoffice.org



Assessing (207) 998-4651  
 Code Enforcement (207) 998-4604  
 Recreation (207) 998-4650  
 Fire Rescue (207) 998-4689  
 Public Works (207) 998-2570  
 Solid Waste (207) 998-4688

## Birth Certificate

<b>Name on Birth Record:</b>			
<b>Date of Birth:</b>			
<b>Parents Name's (maiden):</b>			
<b>How Many Copies:</b>			
<b>Applicant Name:</b>		<b>Address:</b>	
<b>Indicate your relationship to the person on requested record below:</b>			
<input type="checkbox"/> Self/Spouse	<input type="checkbox"/> Descendant		
<input type="checkbox"/> Parent	<input type="checkbox"/> Attorney of person on record		
<input type="checkbox"/> Guardian	<input type="checkbox"/> Genealogist ID#		

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By my signature, I swear that the above is true and correct*

**\$15 for the first copy, \$6 for each additional copy**

*Below line is for Clerk's use only*

<b>Proof of Identity of Applicant</b>		
<i>Applicant must provide one (1) of these:</i>		
<input type="checkbox"/> Drivers License	<input type="checkbox"/> Government Issued Photo ID	<input type="checkbox"/> Passport
<i>OR two (2) of these:</i>		
<input type="checkbox"/> Utility Bills	<input type="checkbox"/> Social Security Card	
<input type="checkbox"/> Bank Statements	<input type="checkbox"/> DD 214	
<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Hospital; Birth Worksheet	
<input type="checkbox"/> Income Tax Return	<input type="checkbox"/> License/Rental Agreement	
<input type="checkbox"/> Personal Check w/ Address	<input type="checkbox"/> Pay Stub	
<input type="checkbox"/> A Previously Issued Vital Record	<input type="checkbox"/> W-2	
<input type="checkbox"/> Letter from government agency requesting record (DHHS, WIC)	<input type="checkbox"/> Voter Registration Card	
<input type="checkbox"/> Department of Corrections I.D. Card	<input type="checkbox"/> Disability Award from SSA	
<b>Establishing Eligibility to Acquire Record</b>		
<i>(do not retain copies of proof provided or note any specific numbers)</i>		
<input type="checkbox"/> Related Applicants must provide proof of lineage		
<input type="checkbox"/> Domestic Partners must provide proof of registration of domestic partnership		
<input type="checkbox"/> Attorneys must provide a signed, notarized release from family		
<input type="checkbox"/> Genealogists must provide a state issued card		

Clerks Initials: \_\_\_\_\_ Date: \_\_\_\_\_