

Town of Poland

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 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

Death Certificate

Full Name of Decedent :			
Date of Death:			
How Many Copies:			
Applicant Name:		Address:	
Indicate your relationship to the person on requested record below:			
<input type="checkbox"/> Spouse/Registered Domestic Partner	<input type="checkbox"/> Descendant		
<input type="checkbox"/> Parent/ Guardian	<input type="checkbox"/> Attorney of person on record		
<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Genealogist ID#		
<input type="checkbox"/> None of the above (short form will be issued)			

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

Proof of Identity of Applicant	
<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
Establishing Eligibility to Acquire Record	
<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	
<input type="checkbox"/> Funeral Home must be provider of death certificate	

Clerks Initials: _____ Date: _____