CITY OF OLD TOWN APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time.

Make check payable to "City of Old Town"

Please fill in the following information for location and record identification.

****PLEASE PRINT****

			Number of Copies Requested:					
	Date	Dealii.				Copie	s Requested	
	Applic	cant's Name:						
	Applic	cant's Address:						
	Email Address:		Contact Phone #					
	Indicat	e your Relationship to the	person (on request	ed record below:			
	🗖 Sp	ouse			Attorney or Agent			Step grandparents
	🗖 Re	g. Domestic partner			Genealogist ID #			Child/step-child
	🗖 Pa	rent /Step-parent			Funeral Director			Aunt/Uncle
	🗖 Gu	lardian			Sibling			Niece/Nephew
	🗖 De	escendant			Grandparent			None of the above (shor form will be issued)
	-	w, I swear/affirm that the information o				Toda	w's Data:	
App	licant S	Signature:				Toda	y's Date:	
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Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials: