



**CITY OF PRESQUE ISLE  
ATTN: CITY CLERK'S OFFICE  
12 SECOND STREET  
PRESQUE ISLE, ME 04769**

*Vital Records from 1892 to present -FEES: \$15.00 for first certified copy, \$6.00 for additional copies of same record received at same time.*

**If requesting a record by mail you must:**

- (1) Send a self addressed stamped envelope.
- (2) Send payment by Money Order or Bank Check only - NO personal checks will be accepted.
- (3) Proof of identity. *IT IS REQUIRED.* Please include a copy of your driver's license, passport, or other government-issued picture identification.

*Records prior to 1892 & GENEALOGY search: \$4.50 per name (these are not legal copies)*

**APPLICATION FOR CERTIFIED COPY**

**DEATH CERTIFICATE**

Name of Decedent: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_

Applicant Address (physical and mailing address): \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

Date: \_\_\_\_\_ How many copies? \_\_\_\_\_

**APPLICANT IS:**

- ◇ Requesting certificate for Spouse (must show marriage license)
- ◇ Requesting certificate for Registered Domestic Partner (must show DP certificate)
- ◇ Requesting certificate for Parent (must be listed on record)
- ◇ Requesting certificate for Guardian (must show court issued guardianship papers)
- ◇ Requesting certificate for Descendant (must show lineage) \_\_\_\_\_
- ◇ Requesting certificate by Attorney (must show notarized statement from person authorizing request)
- ◇ Genealogist (must show direct and legitimate interest as agent and written permission)

*I hereby certify that I am the applicant named above and that I request a certified copy of the death record including the confidential medical information on cause of death, for the above-named decedent, in accordance with 22 MRSA § 2706 and 10-146 CMR Chapters 7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.*

Signature: \_\_\_\_\_

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**Office Use Only:**

Certificate Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clerk: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee Collected: \_\_\_\_\_

Proof of Identification: Driver's License \_\_\_\_\_; Passport \_\_\_\_\_; Government Issued Picture ID \_\_\_\_\_; School ID \_\_\_\_\_ Other (specify) \_\_\_\_\_