

# TOWN OF ST. AGATHA

## Application for a Search and Certified Copy of a Vital Record

**FEES: \$10.00 for Certified Copy, \$5.00 for additional copies of same record.**

Please make checks payable to: **Town of St. Agatha**

Sorry we do not accept Visa or Mastercard.

You can either mail your application along with your check to: **Town of St. Agatha**

**PO Box 110**

**St. Agatha, ME 04772**

Or you can email your application to the following address: [tclerk@adelphia.net](mailto:tclerk@adelphia.net)

Once payment is received for those via email, the record will be sent to you immediately.

<b>BIRTH RECORD</b>	Full Name of Child
	Date of Birth
	Place of Birth
	Father's Full Name
	Mother's Full Name

<b>MARRIAGE RECORD</b>	Full Name of Groom
	Full Maiden Name of Bride
	Date of Marriage
	Place of Marriage

<b>DEATH RECORD</b>	Full Name of Decedent
	Date of Death
	Place of Death
	Father's Full Name
	Mother's Full Name

**\*\* Confidential information on the death certificate, including the cause of death, is available only to persons who have a direct legitimate interest in the matter recorded. If the confidential information is needed, please fill out the form below.\*\***

Are you related to the decedent?  Yes  No

If yes, how? \_\_\_\_\_

If no, what are your reasons for the application?

Attorney, physician or funeral director?

Requested by an immediate family member of the decedent. (Please present written statement from the family member that authorizes you)

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 Ch. 7 and 8. I understand that penalties are prescribed by law for misrepresentation on this application.

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

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

Applicant Address: \_\_\_\_\_