

# Towns of Mapleton, Castle Hill, and Chapman

PO Box 500 Mapleton, ME 04757

PH. (207) 764-3754

# Vital Records Request Form

Updated 10/06/2017

Please note that our office may take up to 24 hours to process this request. EDRS requests will be subject to State processing time limits

**Current Fees: \$15.00 for the first certified copy and just \$6.00 for each additional copy of the record. \$10.00 for a non-certified (non-legal) copy.**

**Request Directions:** Please fill in the application below and enclose a check or money order made out to the Towns of Mapleton, Castle Hill, and Chapman with copies of supporting documents listed below. Be sure to include a self-addressed, stamped envelope and mail to: Towns of Mapleton, Castle Hill, and Chapman, PO Box 500, Mapleton, ME 04757. **Please Note: The Office is prohibited from accepting vital record requests(s) via fax, email or by phone. Once an application is received and processed, the completed record(s) may not be faxed or emailed.**

Type of document requested: (Please select type to the far right and list number below)

\_\_\_\_\_ Certified Copy \$15.00

\_\_\_\_\_ Non-Certified \$10.00

\_\_\_\_\_ Additional Copies \$6.00

**TOTAL DUE:** \_\_\_\_\_

\_\_\_\_\_ Birth Certificate (Closed \*75 yrs.)

\_\_\_\_\_ Marriage Certificate (Closed \*50 yrs.)

\_\_\_\_\_ Death Certificate (Closed \*25 yrs.)

**Applicant's ID:** (check/supply one) \_\_\_\_\_ Driver's License \_\_\_\_\_ Passport \_\_\_\_\_ Other Government ID

If the form of ID listed above is unavailable, please send/present two of the following items listed unless you are seeking a record as defined by Maine State Law. \*Open records (time limits above) are not subject to this state requirement:

Utility Bill, Bank Statement, Vehicle Registration, Signed Income Tax Return, Social Security Card, DD214, Dept. of Corrections ID  
Personal Check, Previously issued Vital Record, Rental Agreement, Paycheck Stub, W-2 or SSA Disability Award Letter, Insurance Policy, Mortgage company or bank statement.

By checking this box and signing below, I attest that I can furnish documents verifying a relationship to the record or meet the State's guidelines for establishing a Direct and Legitimate Interest in the record requested.

**Name on the requested record:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**If Female, Maiden Name:** \_\_\_\_\_ **Groom's/Applicant #1:** \_\_\_\_\_

**Applicant's relationship to the person(s) on the record:** (check at least one)

\_\_\_\_\_ Self \_\_\_\_\_ Parent/Guardian \_\_\_\_\_ Grandparent \_\_\_\_\_ Child \_\_\_\_\_ Spouse \_\_\_\_\_ Sibling \_\_\_\_\_ Other\*

\_\_\_\_\_ Parent in-law \_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Niece/Nephew \_\_\_\_\_ Gov't Agency \_\_\_\_\_ Funeral Director

\*If other is selected, please explain: \_\_\_\_\_

**Applicant's Printed Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only – do not mark in this area**

\_\_\_\_\_ First record issued \_\_\_\_\_ Copies \_\_\_\_\_ Non-Certified \_\_\_\_\_ Cert # (s) \_\_\_\_\_

EDRS Request  Copied  Typed Fee(s) Collected: \_\_\_\_\_ CK# \_\_\_\_\_ Cash  CC

Date Completed \_\_\_\_\_ Clerk \_\_\_\_\_

If application was denied – please have Town Clerk sign this form before filing: \_\_\_\_\_

If application denied, list reason why: \_\_\_\_\_