

Town of Poland

1231 Maine Street, Poland, ME 04274 • Phone: 207-998-4601 • Fax: 207-998-2002

Death Certificate

Full Name of Decedent:			
Date of death:			
How Many Copies:			
Applicant Name:			
Address:			
Phone Number:		Email:	
Indicate your relationship to the person on requested record below: (circle one)			
<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#		

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 this line is for Clerk's use only

Proof of Identity of Applicant		
Applicant must provide one (1) of these:		
Driver's License	Government Issued Photo ID	Passport
Or two (2) of these:		
Utility Bills	Social Security Card	
Bank Statements	DD 214	
Vehicle Registration	Hospital; Birth Worksheet	
Income Tax Return	License/Rental Agreement	
Personal Check w/address	Pay Stub	
A previously Issued Vital Record	W-2	
Letter from government agency requesting record	Voter Registration Card	
Establishing Eligibility to Acquire Record (Do not retain copies of proof provided or note any specific numbers)		
<ul style="list-style-type: none">○ Related Applicants must provide proof of lineage.○ Domestic Partners must provide proof of registration of domestic partnership.○ Attorneys must provide a signed, notarized release from family.○ Genealogists must provide a state issued card.○ Funeral Home must be provider of death certificate.		

Clerks Initials: _____ Date: _____