

Town of Lincoln

PH. 207-794-3372 29 Main St. Lincoln, Me. 04457

Vital Records Form

-Updated 04/3/2019

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.
\$ 3.00 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 Town of Lincoln with copies of supporting documents listed below. Be sure to include a self-addressed, stamped envelope and mail to: Town Clerk, Ann Morrison at Town of Lincoln, 29 Main St. Lincoln, ME 04457.

**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 \$3.00
_____ 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 initialing this box, I agree that I have reviewed the requested record and found it free of informational errors.
I understand that if an error is found at a later date, I will be required by state law to purchase the record(s) again at
the same rate after the corrections have been processed by the State.*

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 _____