

**TOWN OF GRAY
CLERK'S OFFICE
6 SHAKER ROAD, GRAY, MAINE 04039**

FEES: \$15.00 for certified copy, \$6.00 for additional copies of same record gotten at same time.

Please fill in the information in the appropriate box for the Record. You are requesting, the reason for requesting the record, Enclose a stamped self addressed envelope, acceptable identification and money order or in state check, payable to: "TOWN OF GRAY" and mail request to:

Town of Gray
6 Shaker Rd
Gray, ME 04039

Phone Number: (207) 657-3339. You may also place your request in person.

BIRTH RECORD	Full Name of Child
	Date of Birth
	Place of Birth
	Father's Full Name
	Mother's Full Name

DEATH RECORDS	Full Name of Decedent
	Date of Death
	Place of Death

MARRIAGE RECORDS	Full Name of Groom
	Full Maiden Name of Bride
	Date of Marriage
	Place Marriage license obtained

Signature: _____

Printed Name: _____

Address: _____

Phone: () _____

On July 12th, new statutes governing access to vital records will go into effect. Those requesting copies of records filed less than 100 years ago will need to provide documentation establishing their right to the documents and verifying their identity.

Acceptable Identification:

We ask that those requesting copies of vital records present, along with their application, positive identification including, but not limited to, a driver's license, passport, or other government issued picture identification.

If no acceptable photo identification is available, the requestor will need to submit photocopies of **two** items from the following list plus an application form: utility bills, bank statements, car registration, copy of income tax return, personal check with address, a previously issued vital record/marriage license, letter from government agency requesting vital record (e.g., DHHS, WIC), Department of Corrections identification card, Social Security card/DD-214, hospital birth worksheet, license/rental agreement, pay stub (W-2), voter registration card, disability award from SSA. Other secondary forms of identification may also be considered.

Alternatively, the record could be obtained for another by a qualifying individual with positive identification, such as a parent for a child.

These identification requirements will apply whether the records are requested in person or by mail.

CAUSE OF DEATH

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 you are requesting such information, please complete the following questions read and sign the certification statement below:

Are you related to the decedent? YES NO

If yes, how? _____

If no, on what basis do you represent decedent (check one):

[] Attorney, physician or funeral director?

[] Other agent authorized in writing by the decedent's immediate family or descendents thereof. (Present written statement of authorization.)

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.

Signature: _____

Print Name: _____