

**TOWN OF BROWNVILLE
CLERK'S OFFICE
586 MAIN ROAD, BROWNVILLE, ME 04414**

FEES: \$7.00 for certified copy, \$3.00 for additional copies of same record gotten at same time. (Until September 17, 2005, when the fees change to \$10.00 for the first copy and \$5.00 for each additional copy gotten at the same time)

GENEALOGY search: \$3.00 per name/first three names free (these are not a legal copies)

Please fill in the information in the appropriate box for the Record. You are requesting, the reason for requesting the record, and the name and address for mailing the certified copy. Enclose a money order or check, payable to: **TOWN OF BROWNVILLE** and mail request to: ® ®

Brownville Town Clerk
Town of Brownville
586 Main Rd.
Brownville, ME 04414

| | |
|---------------------|--------------------|
| 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 |

FOR RECORD OF DEATH-PLEASE COMPLETE THE NEXT PAGE OR OTHER SIDE

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

Office Information: (207) 965-2561. You may place you order by mail or in person.

Signature: _____

Name: _____

Address: _____

Phone: (____) _____

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: _____