

**APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD**

**MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.**

Name on Record: \_\_\_\_\_

Date of Death: \_\_\_\_\_

How Many Copies? \_\_\_\_\_ (**\$15 for 1<sup>st</sup> copy, \$6 for each additional copy**)

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Your Relationship:  Spouse  Other \_\_\_\_\_  
(Must prove a direct and legitimate interest)

*By my signature below, I swear/affirm that the information above is true and correct.*

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Make checks payable to: Town of Dexter**

**Mail requests to: Town of Dexter, 23 Main Street, Dexter, Maine 04930**

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*Please note that a 2.5% processing fee will be added to all debit and credit card purchases  
A \$1.00 minimum fee will be charged for all debit and credit card transactions*

*FAX number: (207) 924-7352 If you are faxing your request please include the following:*

Name as it appears on the credit card \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit Security Code from back of card \_\_\_\_\_

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**Clerk's Use Only**

Amount Paid \_\_\_\_\_ Certificate Number \_\_\_\_\_ Clerk's Initials \_\_\_\_\_