TOWN OF READFIELD, MAINE

APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD

$15.00 for first copy, $6.00 for each additional copy of the same record purchased at the same time.

MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO ID

Make check or money order payable to "Town of Readfield" if mailing your request.

PLEASE PRINT

Full Name on Birth Record: _____

City/Town of Birth: _____ Date of Birth: _____

Parent A Full Name/Maiden Name: _____

Parent B Full Name/Maiden Name: _____

Your Name: _____ Today's Date: _____

Your Complete Mailing Address: _____

Email: _____ Your Phone Number: _____

Your Relationship (circle one): Self Parent Other (*lineage proof required*) _____

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

Your signature: _____ How many certified copies? ____

MAIL REQUEST TO: Town of Readfield, 8 Old Kents Hill Rd., Readfield, ME 04355
PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE

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Please note a 2.95% processing fee will be added to all debit & credit card purchases
A $2.00 minimum fee will be charged for all debit and credit card transactions

EMAIL REQUEST TO: clerk@readfieldmaine.org FAX NUMBER: (207) 685-3420

If you are faxing or emailing your request please include the following:

Signature of cardholder: _____

Name as it appears on card: _____

Credit/Debit Card #: _____ Exp. Date: _____

3-digit Security Code: _____ Full Billing Address: _____