

TOWN OF READFIELD, MAINE

APPLICATION FOR A CERTIFIED COPY OF A DEATH 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 of Deceased: \_\_\_\_\_

City/Town of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Complete Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Your Relationship to the Deceased: \_\_\_\_\_

*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\*\***

**MUST PROVIDE PROOF OF LINEAGE OR DIRECT & LEGITIMATE INTEREST**

*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](mailto: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: \_\_\_\_\_