

TOWN OF GRAY
CLERK'S OFFICE
6 SHAKER RD
GRAY, ME 04039

FEES: \$10.00 for one certified copy, \$5 for each additional of the same record, requested at the same time.

Please fill out the appropriate section for the record you are requesting along with the bottom portion of the form with your name, address, signature and number of copies requested. Please make all checks payable to the TOWN OF GRAY and mail to:

TOWN OF GRAY
6 SHAKER RD
GRAY, MAINE 04039

OFFICE NUMBER 207-657-3339 Orders are made either in person or through the mail.

NUMBER OF COPIES _____ AMOUNT ENCLOSED _____

Name _____

Address _____

Telephone _____

BIRTH RECORD

FULL NAME OF CHILD _____
DATE OF BIRTH _____
PLACE OF BIRTH _____
FATHER'S FULL NAME _____
MOTHER'S MAIDEN NAME _____

DEATH RECORD

FULL NAME OF DECEDENT _____
DATE OF DEATH _____
PLACE OF DEATH _____

MARRIAGE RECORD

FULL NAME OF GROOM _____
FULL MAIDEN NAME OF BRIDE _____
DATE OF MARRIAGE _____

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CAUSE OF DEATH

Confidential information on the death certificate, including cause of death, is available only to persons who have a direct legitimate interest in the matter record. If you are requesting such information, please complete the following questions, read the certification statement and sign and print your name.

Are you related to the decedent? YES NO

If yes, how? _____

If no, on what basis do you represent decedent?

_____ Funeral director, attorney or physician?

_____ Other agent authorized in writing by the decedent's immediate family or descendants thereof. A written statement of proof will be required with request.

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 the 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 the application.

SIGNATURE _____

PRINT NAME _____