

Application for copy of

# Marriage Certificate



Full Maiden or Birth Name of Party A: \_\_\_\_\_  
*(This line asks for the first, middle and last name at birth, prior to any marriages or legal name changes.)*

Full Maiden or Birth Name of Party B: \_\_\_\_\_  
*(This line asks for the first, middle and last name at birth, prior to any marriages or legal name changes.)*

Date of marriage: \_\_\_\_\_ How many copies? \_\_\_\_\_

Applicant → Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone/Email (optional): \_\_\_\_\_

*In order to obtain a copy of this record, you must be one of the following (please check which you are):*

- |  |                                      |
|--|--------------------------------------|
| Party A or B named on the record                       | Attorney of person on record         |
| Parent of Party A or B named on the record             | Descendant (child, grandchild, etc.) |
| Legal custodian, guardian or authorized representative | Registered Genealogist – ID# _____   |

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

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

Date: \_\_\_\_\_

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy

*(make checks payable to "Town of Bar Harbor")*

<i>MAIL-IN CHECK LIST</i>
SIGN AND DATE
COPY OF PROOF OF IDENTIFICATION
PAYMENT IN THE PROPER AMOUNT

## **IMPORTANT INFORMATION ON REVERSE**

Clerk's Initials: \_\_\_\_\_

## You must provide proof of identity with this application.

*Applicant must provide one (1) of these (please check which you have provided):*

Driver's License

Passport

Government issued picture I.D.

*OR two (2) of these:*

Utility bill

Social Security Card

Bank statement

DD 214 (Military Discharge)

Vehicle registration

Hospital; birth worksheet

Income tax return

License/rental agreement

Personal check with correct address

Pay Stub

Previously issued vital record

W-2

Letter from government agency requesting record

Voter Registration card

Department of Corrections I.D. card

Disability award from SSA

Other: \_\_\_\_\_

### **NOTES**

- We do not retain copies of proof provided or note any specific numbers.
- Domestic Partners must provide proof of registration of domestic partnership.
- Related applicants must provide proof of lineage.
- Custodians, guardians or representatives must provide documentation.
- Attorneys must provide a signed, notarized release from family.
- Genealogists must provide a state-issued I.D. card.

- Our Address is: Town of Bar Harbor  
Clerk's Office  
93 Cottage St., Suite I  
Bar Harbor, ME 04609-1400
- Our Telephone Number is: (207) 288-4098
- Make checks payable to: Town of Bar Harbor