

TOWN OF KITTERY
APPLICATION FOR A CERTIFIED COPY OF A MARRIAGE RECORD

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

Make check payable to "Town of Kittery" and mail to 200 Rogers Road, Kittery, ME 03904
Please include a self-addressed stamped envelope

PLEASE ENCLOSE A PHOTOCOPY OF A PICTURE ID LISTED BELOW

****PLEASE PRINT****

Full Name of
Bride/Groom/Spouse: _____

Full Name of
Bride/Groom/Spouse: _____

Date of Marriage: _____ Number of Copies Requested: _____

Applicant's Name: _____ Applicant's Phone Number: _____

Applicant's Address: _____

Indicate your Relationship to the person on requested record below:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Self/Spouse | <input type="checkbox"/> Descendant |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Attorney of person on record |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Genealogist ID # _____ |

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

Applicant Signature: _____ Today's Date: _____

Proof of identity of applicant:

Applicant must provide a copy of one of these:

- | | | |
|---|---|---|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> Government issued picture I.D. |
| <u>OR two of these:</u> | | |
| <input type="checkbox"/> Utility bills | <input type="checkbox"/> Letter from government agency | <input type="checkbox"/> License/rental agreement |
| <input type="checkbox"/> Bank statements | requesting record (DHHS, WIC) | <input type="checkbox"/> Pay stub |
| <input type="checkbox"/> Vehicle registration | <input type="checkbox"/> Department of Corrections I.D. | <input type="checkbox"/> W-2 |
| <input type="checkbox"/> Income tax return | <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Voter Registration card |
| <input type="checkbox"/> Personal Check w/ address | <input type="checkbox"/> DD 214 | <input type="checkbox"/> Disability award from SSA |
| <input type="checkbox"/> A previously issued vital record | <input type="checkbox"/> Hospital; birth worksheet | <input type="checkbox"/> Other _____ |

Establishing eligibility to acquire record:

- ☐ Related applicants must provide proof of lineage.
- ☐ Domestic Partners must provide proof of registration of domestic partnership
- ☐ Attorneys must provide a signed, notarized release from family
- ☐ Genealogists must provide a state-issued card

Do not retain copies of proof provided or note any specific numbers

Issuing Clerk's Initials: _____