City of Calais
P.O. Box 413
11 Church St
Calais, ME 04619

Phone: 207-454-2521
Fax: 207-454-2757
cityclerk@calaismaine.org

Request for Non-Certified Copies of Birth, Marriage, or Death Certificates & Records

Important information: If you are sending this form by mail, please include a self-addressed, stamped envelope. **FEE:** $10.00 per copy.

BIRTH CERTIFICATES:

Date of Birth: _____

Full Name on Certificate: _____ _____ _____
First Name Middle Name Last Name

Parent A Full Name: _____ _____ _____ _____
First Name Middle Name Last Name Maiden Name (if applicable)

Parent B Full Name: _____ _____ _____ _____
First Name Middle Name Last Name Maiden Name (if applicable)

MARRIAGE CERTIFICATES:

Date of Marriage: _____

Full Name of Party A: _____ _____ _____ _____
First Name Middle Name Last Name Maiden Name (if applicable)

Full Name of Party B: _____ _____ _____ _____
First Name Middle Name Last Name Maiden Name (if applicable)

DEATH CERTIFICATES:

Date of Death: _____

Full Name of Deceased: _____ _____ _____
First Name Middle Name Last Name

Information Pertaining to the Person Requesting the Certificate

Please indicate your relationship to the person whose record is being requested:

- ☐ Self
- ☐ Parent
- ☐ Spouse
- ☐ Guardian
- ☐ Funeral Director
- ☐ Attorney of person on record
- ☐ Registered Domestic Partner
- ☐ Descendant (Child, Grandparent etc.)
- ☐ Genealogist ID#_____
- ☐ Other (please specify)_____
- ☐ Federal/State/Local Government Agency or Public School Official

Applicant's Name: (Please Print) _____

Applicant's Address: _____
_____

Applicant's Telephone Number: _____

Number of Copies Requested: _____

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

_____ _____
Applicant's Signature: Today's Date:

If you'd like to pay by credit card, please fill in the following: (card fee will apply)

Card# _____

Name on Card _____

Expiration Date: ____/_____

CVV _____

_____
Cardholder Signature