

Town of Orono

PH. 207-866-2556 59 Main St. Orono, Me. 04473

Vital Records Form

-Updated 12/27/2023

Please note that a request may take up to 24-48 hours to process. EDRS requests will be subject to State processing time limits

Current Fees: \$ 15.00 for the first certified copy and \$6.00 each additional certified copy.

\$ 6.00 for non-certified / non-legal. \$20.00 / Ten-year search for Genealogy Requests

Directions: Please include a COPY of a government issued ID and proof of relationship to the record for verification purposes. If receiving the records by mail, include a self-addressed, stamped envelope. Incomplete applications will not be released.

The Town Office is prohibited to verify, or process any vital record requests by email, fax, or phone.

YOUR Name: _____ Telephone: _____ Date: _____

Address: _____ Email: _____

Items which may be used to prove ID, and, or Direct Lineage include: *Open records are not subject to the state requirement:

Utility Bill, Bank Statement, Vehicle Registration, Signed Income Tax Return, Social Security Card, DD214, Dept. of Corrections ID, Personal Check, previously issued Vital Record, Rental Agreement, Paycheck Stub, W-2 or SSA Disability Award Letter, Insurance Policy, Obituary, Mortgage Company, Court Documents, Employee Records, and Retirement statements.

ID Verification: (supply one) _____ DR LIC. / ID# _____ Passport _____ Other Gov't Documents

Direct & legitimate documents provided: YES or NO Internal Search conducted: YES or NO Clerk: _____

YOUR relationship to the person on the record: (check at least one)

_____ Self _____ Parent/Guardian _____ Grandparent _____ Child _____ Spouse _____ Sibling _____ Other*
_____ Parent in-law _____ Aunt/Uncle _____ Niece/Nephew _____ Gov't Agency _____ Funeral Director

*If other is selected, please explain relationship: _____

Total # of documents requested:

_____ Certified Copies \$15 / \$6 _____ Non-Certified \$6

_____ Search Fee \$20 / 10 YR. TOTAL DUE: _____

_____ Birth Certificate (Closed *75 yrs.)

_____ Marriage Certificate (Closed *50 yrs.)

_____ Death Certificate (Closed *25 yrs.)

Name(s) on record: _____ Event Date: _____

If requesting marriage record, previous names: _____

Please indicate the reason for request: _____

If a SEARCH is required, please indicate the date span to search: _____ TO _____

Please indicate how you will get the records. _____ Pickup in Person _____ Mail Record

For Town Office Staff / Funeral Director use only – do not mark in this area

_____ If application denied, list reason why: _____

State ID Case #: _____ Total copies made: _____ First Copy _____ # of Copies _____ Non-Certified

Clerk _____ Cert # (s) _____ to _____

Fee(s) Collected: _____ CK# _____ Cash CC Date Picked Up: _____