

CITY OF ROCKLAND, MAINE

270 Pleasant Street

Rockland, Maine 04841

(207) 594-0304 Office

(207) 594-9481 Fax

Application for Birth Certificate

Name on birth record: _____

Date of Birth: _____

How many copies? _____

Mother's Full Maiden Name: _____

Father's Name: _____

Applicant Name: _____

Applicant Address: _____

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Other Family _____ (specify)
- Attorney of person on record
- Genealogist ID # _____

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

Applicant Signature: _____ Today's Date: _____

\$15 for 1st copy, \$6 for each additional copy

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Proof of identity of applicant:

Applicant must provide one of these:

- Driver's License
- Passport
- Government issued picture I.D.

OR two of these:

- Utility bills
- Bank statements
- Vehicle registration
- Income tax return
- Personal Check w/ address
- A previously issued vital record
- Letter from government agency requesting record (DHHS, WIC)
- Department of Corrections I.D. card
- Social Security Card
- DD 214
- Hospital; birth worksheet
- License/rental agreement
- Pay stub
- W-2
- Voter Registration card
- Disability award from SSA
- 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

Updated 10-2013