

TOWN OF SCARBOROUGH, MAINE

APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD

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

MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.

Make check payable to "*Town of Scarborough*"

****PLEASE PRINT****

Full name on Birth Record: _____

City of Birth: _____ Date of Birth: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Your Name: _____ Today's Date: _____

Your Complete Mailing Address: _____

_____ Your Phone Number: _____

Your Relationship: Self Parent Spouse Child Other _____

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

Signature: _____ How many certified copies? _____

MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.

(If not included your request will be returned to you unprocessed.)

PLEASE MAIL REQUEST TO: Scarborough Town Clerk's Office
P.O. Box 360
Scarborough, ME 04070

****PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE****