

TOWN OF SCARBOROUGH, MAINE

APPLICATION FOR A CERTIFIED COPY OF A DEATH 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 fill in the following items of information for searching and record identification.

**\*\*PLEASE PRINT\*\***

Full name of Deceased: \_\_\_\_\_

City/Town of Death: \_\_\_\_\_ Date of death: \_\_\_\_\_

Your Name (Person  
Applying for record): \_\_\_\_\_

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? \_\_\_\_\_

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**(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\*\***