

APPLICATION FOR VITAL STATISTICS

**BIRTH:**

Name of Child (Including Middle Name): \_\_\_\_\_

Child's Mother's First, Middle and Maiden Names: \_\_\_\_\_

Child's Father's First, Middle and Last Names: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

Signature and Relationship to Child: \_\_\_\_\_

**DEATH:**

Full Name of Deceased (Including Middle Name): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

Signature and Relationship to Deceased: \_\_\_\_\_

**MARRIAGE:**

Full Name of Groom (Including Middle Name): \_\_\_\_\_

Full Name of Bride (Including Middle Name): \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

The cost for any vital record is \$10.00 for the first copy and \$5.00 for each additional copy of the same certificate. All requests must include this form, a self-addressed stamped envelope and a check or money order payable to the Town of Bristol.

Mail to: Town Clerk  
PO Box 339  
Bristol, ME 04539