

**Mail application, proof of identity, self addressed stamped  
envelope, and fee to: Town of Rumford 145 Congress street  
Rumford, Maine 04276 207-364-4576 x 213 or 214**

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy / **checks payable to: Town of Rumford**

**Birth Certificate application**

Name on birth record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How many copies: \_\_\_\_\_

Mother's full maiden name: \_\_\_\_\_

Fathers Name \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Indicate your Relationship to the person on requested record below:

- ☐ Self
- ☐ Spouse
- ☐ Registered Domestic Partner
- ☐ Child / Step-child / Grandchild
- ☐ Parent / Step-Parent / Grandparent
- ☐ Father-in-law / Mother-in-law
- ☐ Sibling
- ☐ Aunt / Uncle / Niece / Nephew
- ☐ Guardian
- ☐ Attorney of person on record **OR** Genealogist ID # \_\_\_\_\_
- ☐ *By signing below, I swear/affirm that the information above is true and correct.*

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**ID TYPE** \_\_\_\_\_ **ID #** \_\_\_\_\_ **EXP** \_\_\_\_\_

**Proof of identity of applicant:**

Applicant must provide a **photocopy** of 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

**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