

**TOWN OF ARROWSIC**

340 Arrowsic Road, Arrowsic, ME 04530

**APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD.**

\$15 for first copy. \$6 for each additional copy.

**REQUESTS MUST INCLUDE COPY OF GOVERNMENT ISSUED PHOTO I.D.**

*Requests can be made by mail or at Town Hall by appointment.*

*Please make checks payable to "Town of Arrowsic."*

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

How many certified copies? \_\_\_\_\_

Method of delivery. \_\_\_\_\_ Mail. (Please enclose check.) \_\_\_\_\_ Pick up at office.

Full Name on Birth Record: \_\_\_\_\_

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

Parent A Full Name (Maiden Name): \_\_\_\_\_

Parent B Full Name (Maiden Name): \_\_\_\_\_

Your mailing address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your relationship: \_\_\_\_\_ Self \_\_\_\_\_ Parent \_\_\_\_\_ Other (Lineage proof required.)

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

Your signature \_\_\_\_\_

Questions: Contact Barbara Boyce, Town Clerk, [barbara.boyce@arrowsic.org](mailto:barbara.boyce@arrowsic.org), 207-443-4609