

TOWN OF ARROWSIC
340 Arrowsic Road
Arrowsic, ME 04530

APPLICATION FOR CERTIFIED COPY OF DEATH 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 of deceased _____

Date of death _____

Your 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, 207-443-4609