



## Birth Certificate Order Form

Name on Birth Record:

Date of Birth:

Number of Copies:

Mother's Name:

Father's Name:

Applicant Name:

Applicant Address:

Phone #:

Indicate your  
Relationship to the  
person on the  
requested record:

- ☐ Self   ☐ Spouse/Registered Domestic Partner   ☐ Parent   ☐ Guardian  
☐ Descendant   ☐ Attorney of person on record   ☐ Genealogist ID #  
☐ Other

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

Applicant Signature:

Date:

\$15 for 1<sup>st</sup> copy, \$6 for each additional copy purchased at the same time

Proof of Applicant's Identity:

Safety Paper Numbers:

**Please mail *this form along with a copy of your photo ID and a check made payable to  
Town of Kennebunkport* to this address: Town Clerk, PO Box 566, Kennebunkport, ME 04046**