



Death Certificate Order Form

Full Name of Decedent:

Date of Death:

Number of Copies:

Applicant Name:

Applicant Address:

Phone #:

Indicate your
Relationship to the
person on the
requested record:

- ☐ 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 1st 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
