

CITY OF LEWISTON, MAINE

APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD

\$15.00 for first copy, \$6.00 for each additional copy of the same record purchased at the same time

MUST INCLUDE A PHOTOCOPY OF A GOVERNMENT ISSUED PHOTO I.D.

Make check or money order payable to "City of Lewiston" if mailing in your request.

****PLEASE PRINT****

Full Name on Birth Record: _____

City of Birth: _____ Date of Birth: _____

Parent A Full Name: _____

Parent B Full Name: _____

Your Name: _____ Today's Date: _____

Your Complete Mailing Address: _____

Email: _____ Your Phone Number: _____

Your Relationship: Self Parent Other (lineage proof required) _____

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

Your Signature: _____ How many certified copies? _____

MAIL REQUEST TO: City Clerk's Office, 27 Pine Street, Lewiston, ME 04240

****PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE IF MAILNG REQUEST****

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*Please note a 2.5% processing fee will be added to all debit & credit card purchases
A \$1.00 minimum fee will be charged for all debit and credit card transactions*

EMAIL REQUEST TO: Cityclerkoffice@lewistonmaine.gov FAX NUMBER: (207) 777-4621

If you are faxing or emailing your request please include the following:

Signature of cardholder _____

Name as it appears on the credit card _____

Credit Card # _____ Exp. Date _____

3-digit Security Code _____ Billing Zip Code _____