

CITY OF LEWISTON, MAINE

APPLICATION FOR A CERTIFIED COPY OF A DEATH 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 of Deceased: \_\_\_\_\_

City/Town of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Your Name (Person applying for record): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your Complete Mailing Address: \_\_\_\_\_

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

Your Relationship:  Spouse  Parent  Child  Other \_\_\_\_\_

What basis is the certificate needed? \_\_\_\_\_

***MUST PROVIDE PROOF OF LINEAGE OR DIRECT & LEGITIMATE INTEREST***

*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\*\***

*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](mailto: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 \_\_\_\_\_