

Please fill in all the information in the box for the record. Enclose a check or money order, payable to: TOWN OF GOULDSBORO and mail request to the address listed above.

TOWN OF GOULDSBORO  
CERTIFIED DEATH CERTIFICATE

Full Name of Decedent: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Is the Cause of Death Requested? ( ) YES – ( ) NO

Number of Copies Requested: \_\_\_\_\_

*If the cause of death is requested, please complete the second page of this form*

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

\*Full Name of Decedent: \_\_\_\_\_

## DEATH RECORDS

**Public Information:** Only the decedent's name, age, date of death, and place of death may be released to the general public. All other information on the death record is confidential.

**Cause of death and other confidential information:** All information except that specified above is confidential and may be released only to those with a direct and legitimate interest in the record. Municipal Clerks may release cause of death information only to members of the decedent's immediate family or their descendants, the decedent's legal custodian or guardian, those needing this information for determination or protection of a personal property right, or their respective authorized representatives.

**Authorized representatives:** These include: attorneys, physicians, funeral directors, or others such as genealogists authorized in writing by the immediate family or descendants.

**If you are requesting confidential information, please complete the following questions; read and sign the certification statement below:**

Are you related to the decedent? ( ) YES ( ) NO

If YES, how are you related? \_\_\_\_\_

If NO, on what basis do you represent decedent (check one):

- ( ) Attorney, physician or funeral director.
- ( ) Other agent authorized in writing by the decedent's immediate family or descendants thereof. (Present written notarized statement of authorization)

I hereby certify that I am the applicant named below and that I request a certified copy of the death record including confidential information for the \*above named decedent. I understand that penalties are prescribed by law for misrepresentation on this application.

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_

**All others seeking access to the cause of death must apply to the Office of Vital Records:**

**Office of Vital Records  
244 Water Street  
Augusta, ME 04333  
(207) 287-3181**