



**Town of Gorham Clerk's Office
75 South Street Suite 1
Gorham, Maine 04038-1382**

APPLICATION FOR A SEARCH AND A CERTIFIED COPY OF A RECORD OF BIRTH

CLERK USE ONLY: Control #(s) _____ Clerk _____ # Copies _____ ID Shown _____

FEE \$15.00 for 1st, \$6.00 for any additional purchased at same time

Make checks payable to: "TOWN OF GORHAM"

Applicant: Please fill in the following information regarding the person's record you are searching for:

Name at Birth: _____

Date of Birth: _____

Place of Birth: _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

Reason for Request: _____

Relationship to person named on the record: _____

Phone Number of Applicant: _____

Address to send record: _____

Signature of Applicant _____ Date _____

**PLEASE PROVIDE A CLEAR PHOTOCOPY OF YOUR PICTURE IDENTIFICATION
AND ANY SUPPORTING DOCUMENTS TO PROVE LINEAGE**