



**TOWN OF GORHAM
75 SOUTH STREET
GORHAM, MAINE 04038**

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

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 of Decedent: _____

Date of Death: _____

Place of Death: _____

Reason for Request: _____

Relationship to person named on record: _____

Signature of Applicant: _____ Date: _____

PLEASE PROVIDE A CLEAR PHOTOCOPY OF YOUR PICTURE IDENTIFICATION