

TOWN OF PHIPPSBURG

Copies _____ Paid _____ Initials _____

BIRTH

Name on birth record: _____

Date of Birth: _____

Place of Birth: _____

Parents Names (with mother's maiden):

Applicant Name: _____

Phone Number: _____

Applicant Address: _____

Indicate your Relationship to the person on requested record below:

- Self
- Spouse
- Registered Domestic Partner
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

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

Applicant Signature: _____

Today's Date: _____

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DEATH

Full Name of Decedent: _____

Date of Death: _____

Place of Death: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____

Indicate your Relationship to the person on requested record below:

- Spouse
- Registered Domestic Partner
- Parent
- Funeral Director
- Informant
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

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

Applicant Signature: _____

Today's Date: _____

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MARRIAGE

Full Name of Spouse (Maiden Name): _____

Full Name of Spouse (Maiden Name): _____

Date of Marriage: _____

Place of Marriage: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____

Indicate your Relationship to the person on requested record below:

- Self/Spouse
- Parent
- Guardian
- Descendant
- Attorney of person on record
- Genealogist ID # _____

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

Applicant Signature: _____

Today's Date: _____