

TOWN OF TURNER
 CLERK'S OFFICE
 11 TURNER CENTER RD, TURNER, ME 04282
 Vital Records Request

Please fill in the information in the appropriate box for the record you are requesting, your relationship to the record, and the name and mailing address of the person requesting the record.

BIRTH RECORD – PLEASE PRINT – FEES: \$15 for the first certified copy; Additional Copies \$6 each

Full Name of Child	
Date of Birth	
Place of Birth	
Father's Full Name	
Mother's Full Maiden Name	
Your Relationship to Child	

DEATH RECORD – PLEASE PRINT – FEES: \$15 for the first certified copy; Additional Copies \$6 each

Full Name of Decedent	
Date of Death	
Place of Birth	
Your Relationship to Decedent	

MARRIAGE RECORD – PLEASE PRINT – FEES: \$15 for the first certified copy; Additional Copies \$6 each

Full Name of Party A Include maiden if applicable	
Full Name of Party B Include maiden if applicable	
Date of Marriage	
Place Marriage License Obtained	

Signature _____

Print Name _____

Address _____

Phone _____ Date Requested _____