



Maine Center for Disease Control and Prevention (Maine CDC)  
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Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

## Authorization to Release Vital Record

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

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Name of person eligible for record) (Name of person to obtain record)

to obtain the following record(s): (check all that apply)

Birth - Date of Birth \_\_\_\_\_  
Death - Date of Death \_\_\_\_\_  
Marriage - Date of Marriage \_\_\_\_\_

of \_\_\_\_\_.  
(Name of person on record to be released)

\_\_\_\_\_  
(Signature of person eligible for record)

\_\_\_\_\_  
(Relationship to person on record)

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

at \_\_\_\_\_, Maine by \_\_\_\_\_ to be his/her free  
(Name of person acknowledged)  
act and deed.

\_\_\_\_\_  
(Signature of Notary/Attorney)

\_\_\_\_\_  
(Printed Name of Notary/Attorney)

\_\_\_\_\_  
(Date Commission Expires)