Janet T. Mills Governor

Sara Gagne-Holmes Acting Commissioner



Authorization to Release Vital Record

Date:		
I,	, hereby authorize	(Name of person to obtain record)
(Name of person eligible for record	1)	(Name of person to obtain record)
to obtain the following record(s)	: (check all that apply)	
Death -	Date of Birth Date of Death Date of Marriage	
of		
(Name of person on record to be relea	sed)	
(Signature of person eligible for record)		
(Relationship to person on record)		
(Relationship to person on record)		
Personally appeared before me the	nisday of	20
at	, Maine by	to be his/her free
act and deed.	(Name of person	acknowledged)

(Signature of Notary/Attorney)

(Printed Name of Notary/Attorney)

(Date Commission Expires)