



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

State Share of Vital Records Reporting Form SFY 2014

Customer #: _____ Date: _____

Municipality Name: _____ Phone #: _____

Municipal Clerk: _____ Email: _____

Address: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Reporting Period Please check one: Monthly Quarterly Semi-Annually

From: _____ to: _____ (Mail form by the 30th of the month following the reporting period)

Document	State Fee	Quantity Column A	Amount Column B	DHHS Dept. Revenue Code
Certified Birth	\$2.00		\$	VR01
Additional Copies Birth	\$0.40		\$	VR02
Certified Death	\$2.00		\$	VR03
Additional Copies Death	\$0.40		\$	VR04
Certified Marriage	\$2.00		\$	VR05
Additional Copies Marriage	\$0.40		\$	VR06
Marriage License	\$4.00		\$	VR07
Disposition Permit	\$6.00		\$	VR08
Total Due			\$	

Signed by Municipal Clerk: _____ Date: _____

Make Check Payable to: Treasurer, State of Maine

Mail Check and Forms to: Cashier's Unit
(Original Form & 1 copy) 221 State Street
 11 State House Station
 Augusta, ME 04333-0011

Cashier's Use Only	
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