



State Share of Vital Records Reporting Form SFY 2016

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 Form to: Cashier's Unit - May Hinckley
 221 State Street
 11 State House Station Augusta, ME
 04333-0011

Cashier's Use Only				
Payment Over Under	Payment Amount \$	Check Number:	Revenue Code VR09	
Received by:		Coding String: 014-10A-6906-01-2642		
Date:	Amount Paid:			