



Maine Center for Disease  
Control and Prevention  
*An Office of the  
Department of Health and Human Services*

Maine Center for Disease Control and Prevention (Maine CDC)  
220 Capitol Street  
11 State House Station  
Augusta, Maine 04333-0011  
(207) 287-3771  
Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

## Application to Correct a Vital Record in Maine: VS-7

**Birth**

**Marriage**

**Death**

State File No: \_\_\_\_\_

Full Name of Person as it Appears on the Record (For marriages, this includes <u>both</u> Party A/groom and Party B/bride).	
Date of Event (mm/dd/yyyy)	Town/City of Event
List Item # and/or Wrong Information as it Appears on Record	List Item # and/or Correct Information to Appear on Record

### Signature(s) Must Be Notarized

I hereby declare under oath that the information provided above is true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name of Applicant

Subscribed and Sworn on: \_\_\_\_\_

My Term Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public/Municipal Clerk

\_\_\_\_\_  
Printed Name of Notary Public/Municipal Clerk

Applicant's Address: \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City) (State) (Zip code)

#### Personal Affidavit

I hereby declare, under oath, that the information presented on this form is true and correct to the best of my knowledge and belief.

Relationship to Applicant \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_

Subscribed and Sworn Before Me on: \_\_\_\_\_ My Commission Expires on: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Vital Records Use Only – Do Not Write Below This Line

Documentation Provided: \_\_\_\_\_

\_\_\_\_\_  
Date Approved (mm/dd/yyyy)

\_\_\_\_\_  
Signature of State Registrar