



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)
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State of Maine Temporary Officiate Application

Note: This application is valid only for the marriage solemnization for the individuals specified on the application within the State of Maine by the individual who is not otherwise authorized to do so.

I hereby request the State Registrar to designate me to solemnize a particular marriage for the individuals listed on this application.

Applicant Information

Full name: _____
Street: _____ Email: _____
City/State/Zip: _____
Officiates Title: _____ Phone: _____
Authorization Date or Commission Expiration _____ Date of Birth: _____

Party A Information

Name: _____
(First) (Middle) (Last)
Street/P.O. Box: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

Party B Information

Name: _____
(First) (Middle) (Last)
Street/P.O. Box: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of Birth: _____

City/Town of Wedding: _____ Date of Proposed Marriage: _____

I certify under penalty of perjury that all information on this form is accurate.

Applicant Signature: _____ Date: _____

Return this application along with the \$100 processing fee in the form of a check or money order made payable to "Treasurer State of Maine" to the address listed above. Should you have any questions while completing this form, please contact the Data, Research, and Vital Statistics office at (207) 287-6490.

DRVS Approval Number: _____ Temporary Officiate Expiration Date: _____

State Registrar Signature: _____ Date Approved: _____