



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)

Data, Research, and Vital Statistics

Researcher Request Form Non-certified copies only

Applicant's Name: _____

Applicant's Address: _____

Phone Number: _____ Email: _____

Researcher Identification Card #: _____ Date issued: _____ Expiration: _____

Reason for access to records or relationship to registrant: _____

(e.g., family member or descendant, on behalf of family – must show notarized statement, legal representative – must show proof of contract)

You may only submit one request per week for up to three records at any time, putting the week ending date _____ on your request submitted to us. Please send a self-addressed legal size envelope with your request form. Our office houses records from 1923 to present, records from 1892 to 1922 can be obtained from the Maine State Archives at 207-287-5795.

Birth Record	Full Name of Child (Maiden):
	Date of Birth:
	Place of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):
Birth Record	Full Name of Child (Maiden):
	Date of Birth:
	Place of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):
Birth Record	Full Name of Child (Maiden):
	Date of Birth:
	Place of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Death Record	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Date of Birth:
	Certificate Number (If known):
Death Record	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Date of Birth:
	Certificate Number (If known):
Death Record	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Date of Birth:
	Certificate Number (If known):

Marriage Record	Full Name of Groom/Spouse:
	Full Maiden Name of Bride/Spouse:
	Date of Marriage:
	Place of License Issued:
	Certificate Number (If known):
Marriage Record	Full Name of Groom/Spouse:
	Full Maiden Name of Bride/Spouse:
	Date of Marriage:
	Place of License Issued:
	Certificate Number (If known):
Marriage Record	Full Name of Groom/Spouse:
	Full Maiden Name of Bride/Spouse:
	Date of Marriage:
	Place of License Issued:
	Certificate Number (If known):

Divorce records may be obtained at a cost of \$10.00 per non-certified copy.

Divorce Record	Full Name of Husband/Spouse:
	Full Maiden Name of Wife/Spouse:
	Date of Divorce or Annulment:
	Place [Superior Court, County or District (Division)]:
Divorce Record	Full Name of Husband/Spouse:
	Full Maiden Name of Wife/Spouse:
	Date of Divorce or Annulment:
	Place [Superior Court, County or District (Division)]:
Divorce Record	Full Name of Husband/Spouse:
	Full Maiden Name of Wife/Spouse:
	Date of Divorce or Annulment:
	Place [Superior Court, County or District (Division)]: