



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 (DRVS)

Researcher Request Form
Non-certified copies only

Applicant's Name: _____

Applicant's Address: _____

Phone Number: _____ Email: _____

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

Genealogical researchers who have obtained a genealogist researcher card from the Maine CDC, Data, Research, and Vital Statistics (DRVS) office may submit one request per week for (3) three separate records. Please include the week ending date _____ on your request. A self-addressed stamped legal-size envelope must be included with the request form. DRVS houses records from records from 1892 to present.

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):



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



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



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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)]: