

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
220 Capitol Street
Augusta, Maine 04333-0011
Tel; (207) 287-5500; Toll Free: (888) 664-9491
TTY: Dial 711 (Maine Relay); Fax (207) 287-1093

Office of Vital Records Verification Request

(Municipal Clerks & Law Enforcement Only)

PLEASE FAX COMPLETED FORM TO (207) 287-1093

Date: _____

Name of Town Clerk or Officer: _____ Title: _____

City/Town: _____ Phone#: _____

E-Mail: _____

Vital Event Requested

Birth

Name of Child: _____ Date of Birth: _____

Father/Parent Name: _____

Mother/Parent Name: _____

Death

Name of Decedent: _____ Date of Death: _____

Marriage

Name of Party A: _____ Date of Marriage: _____

Name of Party B: _____

Divorce

Name of Party A : _____ Date of Divorce: _____

Name of Party B : _____ District Court: _____

Reason for verification request: _____

Is the customer waiting? Yes No

Is an attested copy needed? Yes No