

Janet T. Mills
Governor

Sara Gagne-Holmes
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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APPLICATION FOR VERIFICATION OF A VITAL RECORD

(For Use by Maine State Agencies Only)

Please print or type the data in the columns below. Differences, if any, will be entered in the column for Data, Research, and Vital Statistics (DRVS) use.

	Agency Use	DRVS Use Only	
Birth	Name of Child		
	Date of Birth		
	Place of Birth		
	Sex		
	Name of Parent(s)		
Marriage	Name of Party 1		
	Residence		
	Name of Party 2		
	Residence		
	Date of Marriage		
Death	Name of Decedent		
	Date of Death		
	Place of Death		
	Date of Birth (or age)		
	Residence		
Divorce	Name of Party 1		
	Residence		
	Name of Party 2		
	Residence		
	Date of Divorce		
DP	Name of Domestic Partner 1		
	Name of Domestic Partner 2		
	Date of Domestic Partnership		
Maine State Agency	<input type="checkbox"/> Check box if a certified copy is needed. How many copies are needed? (3 maximum)		
	Specify the reason(s) a certified copy is needed for each copy:		
	<input type="checkbox"/> Check the box if a non-certified copy of the vital record is needed via e-mail. (Not a legal document)		
	Name of State Agency: Contact Person: E-mail: Phone Number: Mailing Address: City, State & Zip:		
Date of Filing	State File Number	Verified by	Date

Maine State agencies will not be charged for records as specified by 5 M.R.S. § 42. The completed verification form may be faxed to (207) 287-1093 or emailed to kristin.sprague@maine.gov. Processing time takes approximately 10-15 business days. If you have a time-sensitive matter or need the information by a particular date, please note that on the verification form or contact Kristin at (207) 287-1911