

Janet T. Mills  
Governor

Sara Gagne-Holmes  
Acting 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) 287-3771; 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 ☐