Sara Gagne-Holmes Acting Commissioner



Application for Verification of a Vital Record

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

		Agency		,,,	DRVS Use Or	
Birth	Name of Child					Ŭ
	Date of Birth					
	Place of Birth					
	Sex					
	Name of Parent(s)					
Marriage	Name of Party 1					
	Residence					
	Name of Party 2					
	Residence					
N	Date of Marriage					
	-					
Death	Name of Decedent					
	Date of Death					
	Place of Death	<u>\</u>				
	Date of Birth (or age))				
	Residence					
Divorce	Name of Party 1					
	Residence					
	Name of Party 2					
D	Residence					
	Date of Divorce					
	Name of Domestic Pa	artner 1				
DP	Name of Domestic Partner 2					
	Date of Domestic Partnership					
	□ 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:					
	r s (state in transformed and the state of t					
y						
enc						
ate Agency	□ Check box if a non-certified copy of the vital record is needed via e-mail. (Not a legal document)					
ate	Name of State Agency:					
St	Contact Person:					
	E-mail:					
	Phone Number:					
	Mailing Address:					
	City, State & Zip:					
Date	of Filing	State File Number		Verified by	Date	
	0					
L		1		1		

State agencies state agencies will not be charged for records in accordance with 5 M.R.S. § 42. Please fax the completed verification form to (207) 287-1093 or email the completed form to kristin.sprague@maine.gov. Processing times for verifications take 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. Kristin may be reached at (207) 287-3100.