

Notice of Agency Rulemaking Proposal

AGENCY: Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 Division of Policy and Compliance

CHAPTER NUMBER AND TITLE: Late-filed Application for Certificate of Marriage Rule

PROPOSED RULE NUMBER: 10-146 CMR, Chapter 14

BRIEF SUMMARY: This proposed new rule governs the registration requirements for the Office of Data, Research and Vital Statistics (DRVS) for a late-filed application for certificate of marriage. The rule is expected to assist married parties, or the legal representative of the parties, in re-creating a certificate of marriage that occurred more than one year previously and was never filed in a municipal office and/or the Department. The proposed rule explains the eligibility and documentary evidence requirements needed from eligible applicants to prove the fact their marriage took place to be accepted, registered and incorporated into an official record of the Department.

Date, time and location of PUBLIC HEARING (if any): No public hearing scheduled

COMMENT DEADLINE: September 15, 2017

CONTACT PERSON FOR THIS FILING (include name, mailing address, telephone, fax, TTY, email): Bridget Bagley, 11 SHS, Augusta, ME 04333-0011, (207) 287-9394, bridget.bagley@maine.gov

CONTACT PERSON FOR SMALL BUSINESS IMPACT STATEMENT (if different)

STATUTORY AUTHORITY FOR THIS RULE: 22 MRS §42 and 19-A MRS §660.

SUBSTANTIVE STATE OR FEDERAL LAW BEING IMPLEMENTED (if different): 19-A MRS §660

EMAIL FOR OVERALL AGENCY RULEMAKING LIAISON: tera.pare@maine.gov

**Check one of the following two boxes.*

- The summary provided above is for publication in both the newspaper and website notices.*
- The summary provided above is for newspaper notice only. Title 5 MRS §8053, sub-§5 & sub-§7, P.D. A more detailed summary is attached for inclusion in the rule-making notice posted on the Secretary of State's website. Title 5 MRS §8053, sub-§3, P. D. & sub-§6.*

Please approve bottom portion of this form and assign appropriate MFASIS number.

APPROVED FOR PAYMENT: _____ **DATE:** _____
Authorized signature for DHHS

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