Authorization to Release a Vital Record

Date: _______________________

I, _________________________, hereby authorize _______________________
(name of person eligible for record) (name of person to obtain record)

to obtain the following record: (check all that apply)

☐ birth – date of event _______________
☐ death - date of event _______________
☐ marriage – date of event ____________

of ______________________________.
(name of person on record to be released)

Signature of Person Eligible for Record

Relationship to Person on Record

Personally appeared before me this _________ day of ___________________, 20 __,
at _____________________, Maine, by ___________________ _______ to be his/her free
(name of person acknowledged) act and deed.

Signature of Notary/Attorney

Printed Name of Notary/Attorney

Date Commission Expires

7-13-2010