

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
act and deed.
(name of person acknowledged)

Signature of Notary/Attorney

Printed Name of Notary/Attorney

Date Commission Expires