

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 ___ birth, ___ death ___ marriage record of _____.
(check all that apply) (name of person on record to be released)

Signature

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