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