

# 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