

# 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