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
act and deed.

______________________________
Signature of Notary/Attorney

______________________________
Printed Name of Notary/Attorney

______________________________
Date Commission Expires