

# 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)

Date of event: \_\_\_\_\_

\_\_\_\_\_  
Signature (Printed name)

\_\_\_\_\_  
Mailing Address

Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

Personally appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_,  
at Newcastle, Maine, by \_\_\_\_\_ to be his/her free act and deed.  
(name of person acknowledged)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Date Commission Expires

**\* Must include copy of eligible person's identification.**