Maine Center for Disease Control and Prevention (Maine CDC)
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax : (207) 287-1093   TTY Users: Dial 711 (Maine Relay)

Maine Center for Disease Control and Prevention

An Office of the
Department of Health and Human Services

Data, Research, and Vital Statistics (DRVS)

Researcher Request Form
Non-certified copies only

Applicant's Name: _____

Applicant's Address: _____

Phone Number: _____ Email: _____

Researcher Identification Card #: _____ Date issued: _____ Expiration: _____

Genealogical researchers who have obtained a genealogist researcher card from the Maine CDC, Data, Research, and Vital Statistics (DRVS) office may submit one request per week for (3) three separate records. Please include the week ending date _____ on your request. A self-addressed stamped legal-size envelope must be included with the request form. DRVS houses records from 1892 to present. This form may also be emailed to VitalRecords.DHHS@maine.gov or faxed to 207-287-1093.

Birth Record	Full Name of Child (Maiden):
	Date of Birth:
	Place of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Birth Record	Full Name of Child (Maiden):
	Date of Birth:
	Place of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Birth Record	Full Name of Child (Maiden):
	Date of Birth:
	Place of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Revised 10/2020

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Death Record	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Date of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Death Record	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Date of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Death Record	Full Name of Decedent:
	Date of Death:
	Place of Death:
	Date of Birth:
	Father/Parent Full Name:
	Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

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Marriage Record	Full Name of Groom/Spouse:
	Full Maiden Name of Bride/Spouse:
	Date of Marriage:
	Place of License Issued:
	Groom/Spouse Father/Parent Full Name:
	Bride/Spouse Father/Parent Full Name:
	Groom/Spouse Mother/Parent Full Name (Maiden):
	Bride/Spouse Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Marriage Record	Full Name of Groom/Spouse:
	Full Maiden Name of Bride/Spouse:
	Date of Marriage:
	Place of License Issued:
	Groom/Spouse Father/Parent Full Name:
	Bride/Spouse Father/Parent Full Name:
	Groom/Spouse Mother/Parent Full Name (Maiden):
	Bride/Spouse Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

Marriage Record	Full Name of Groom/Spouse:
	Full Maiden Name of Bride/Spouse:
	Date of Marriage:
	Place of License Issued:
	Groom/Spouse Father/Parent Full Name:
	Bride/Spouse Father/Parent Full Name:
	Groom/Spouse Mother/Parent Full Name (Maiden):
	Bride/Spouse Mother/Parent Full Name (Maiden):
	Certificate Number (If known):

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Divorce records may be obtained at a cost of $10.00 per non-certified copy.

Divorce Record	Full Name of Husband/Spouse:
	Full Maiden Name of Wife/Spouse:
	Date of Divorce or Annulment:
	Place [Superior Court, County or District (Division)]:
Divorce Record	Full Name of Husband/Spouse:
	Full Maiden Name of Wife/Spouse:
	Date of Divorce or Annulment:
	Place [Superior Court, County or District (Division)]:
Divorce Record	Full Name of Husband/Spouse:
	Full Maiden Name of Wife/Spouse:
	Date of Divorce or Annulment:
	Place [Superior Court, County or District (Division)]:

Revised 10/2020