

Janet T. Mills
Governor

Sara Gagne-Holmes
Acting Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
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Augusta, Maine 04333-0011
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TTY: Dial 711 (Maine Relay); Fax (207) 287-5470

Legal Name Change (LNC)
Request to Amend a Vital Record

Legal Name Change to be applied to: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Domestic Partnership					
To be completed by Applicant	Part 1. Applicants must provide name as shown on the vital record (<i>Birth, marriage, domestic partner</i>) before name change.				
	First Name	Middle Name(s)	Last Name	Suffix (<i>Jr., etc.</i>)	
	Date of Event (<i>Birth, Marriage or Domestic Partnership</i>) (mm/dd/yyyy)		Place of Event (<i>city/town</i>)		
	Mother/Parent Name Prior to First Marriage (<i>first, middle, last name, suffix</i>)				
	Father/Parent Name Prior to First Marriage (<i>first, middle, last name, suffix</i>)				
	Part 2. Please provide the name and current address where the amended vital record should be mailed and contact information.				
	Applicant's Mailing Address (<i>street or PO</i>) (<i>apt/unit</i>)	City/Town	State	Country	Zip Code
	Applicant's Phone Number (<i>xxx-xxx-xxxx</i>)	Applicant's E-mail			
	Part 3. Written request of the applicant or parents/guardian if under the age of 18 to amend vital record.				
	I request that my vital record be amended to show the new name I have acquired by judicial decree as specified in Chapter 2 of DHHS 10-146 Department rule.				
Signature of Applicant ▶			Date Signed (mm/dd/yyyy)		
To be completed by Court	Part 4. To be completed by the Registrar of Probate or District Court as specified in Title 4 §152.				
	First Name	Middle Name(s)	Last Name	Suffix (<i>Jr., etc.</i>)	
	Date of Judicial Decree (mm/dd/yyyy)		Name of District/Probate Court		
	Location of District/Probate Court (<i>city/town</i>)		County of District/Probate Court		
	Signature and Seal of Registrar/Clerk of the Court ▶			Date Signed (mm/dd/yyyy)	
	Part 5. Fees:				
	Checks or money orders should be payable to: <i>Treasurer, State of Maine</i> and sent to the address provided above. There is a \$60.00 fee for processing each court ordered legal name change. The fee shall be paid at the time the request and court order are presented to Data, Research, and Vital Statistics (DRVS) and includes one certified copy of the amended record. Additional copies requested at the same time are \$6.00.				
	Payment Amount \$	Check Number:	Payment Received By:	Date Payment Received (mm/dd/yyyy)	
Applicants will receive an amended vital record within 4 to 6 weeks from the date the LNC (VS-14) is received by DRVS.					