



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Maine Center for Disease Control and Prevention (Maine CDC)
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Application to Correct a Vital Record in Maine: VS-7

Birth

Marriage

Death

State File No: _____

Full Name of Person as it Appears on the Record (For marriages, this includes <u>both</u> Party A/groom and Party B/bride).	
Date of Event (mm/dd/yyyy)	Town/City of Event
List Item # and/or Wrong Information as it Appears on Record	List Item # and/or Correct Information to Appear on Record

Signature(s) Must Be Notarized

I hereby declare under oath that the information provided above is true to the best of my knowledge and belief.

Applicant's Signature

Printed Name of Applicant

Applicant's Signature

Printed Name of Applicant

Subscribed and Sworn on: _____

My Term Expires: _____

Signature of Notary Public/Municipal Clerk

Printed Name of Notary Public/Municipal Clerk

Applicant's Address: _____
(Street address)

(City) (State) (Zip code)

Personal Affidavit

I hereby declare, under oath, that the information presented on this form is true and correct to the best of my knowledge and belief.

Relationship to Applicant _____ Signature _____

Address _____

Subscribed and Sworn Before Me on: _____ My Commission Expires on: _____

Signature of Notary Public: _____

Vital Records Use Only – Do Not Write Below This Line

Documentation Provided: _____

Date Approved (mm/dd/yyyy)

Signature of State Registrar