Return completed application to: Office of Vital Records
11 State House Station, 244 Water Street
Augusta, ME 04333-0011

MAINE DEPARTMENT OF HUMAN SERVICES
OFFICE OF VITAL STATISTICS

Application for Research Privileges

1. Name (type or print): _____

2. Permanent address: _____

3. Telephone number(s): _____

4. Are you related to person(s) registered on records for which inspection or copies are requested? (Check all that apply.)

   a. If yes, how?
   _____ Registrant
   _____ Immediate family
   _____ Descendents

   b. If no, on what basis do you represent person(s) so related?
   _____ Attorney, physician or funeral director
   _____ Other agent authorized in writing by the registrant, his or her immediate family or descendents thereof. (Attach written statement of authorization.)

I hereby certify that I am the researcher named above and that I wish access to vital records in accordance with 1 MRSA §402(3) and 408, 10-146 CMR Ch. 4 and 8. I have received, read and understand the rules pertaining to public access to vital records (Chapters 4 and 8), and I agree to abide by the provisions contained therein.

I will inspect or transcribe only the records I have specifically requested for search and inspection at the Office of Vital Statistics. If I request or receive a group of records or a record index, I agree not to inspect, view, search or transcribe information from any records other than those I have specifically requested. I further agree not to disclose any confidential information to which I may inadvertently gain access in the process of obtaining the records I have requested. I understand that penalties are prescribed by law for noncompliance with the provisions of these statutes and of this agreement.

Signed: _____ Date: _____

Approved: _____
Valid Until: _____
Researcher Card No. _____

VS 92 Rev. 10/13/2009

Researcher Card is $50.00 per year.
Check or money order payable to:
Treasurer, State of Maine

Must return this completed application form along with signed copy of Researcher Acknowledgment and Agreement form.

RESEARCHERS ACKNOWLEDGMENT AND AGREEMENT TO RULES AND REGULATIONS AT VITAL RECORDS

"RESEARCHER" MEANS A PERSON WHO HAS A CURRENT RESEARCHER IDENTIFICATION CARD ISSUED FROM THE OFFICE OF VITAL RECORDS; WHO MAY HAVE ACCESS TO AND INSPECTION OF VITAL RECORDS.

FEES

RESEARCHERS WILL BE ALLOWED TO REQUEST UP TO 5 NON-CERTIFIED VITAL RECORDS *PER WEEK AT NO CHARGE PROVIDED THE STATE FILE NUMBER IS LISTED ON THE REQUEST (IF AVAILABLE)

RECORDS FROM 1960 THROUGH 1996 FOR DEATHS ARE AVAILABLE ONLINE AT *http://www.maine.gov/sos/arc/, SOME WILL HAVE STATE FILE NUMBERS*

RECORDS FROM 1892 THROUGH 1996–FOR MARRIAGES ARE AVAILABLE ONLINE AT *http://www.maine.gov/sos/arc/, (there is a gap between 1967 and 1976)*

INFORMATION REQUIRED ON FORMS: FIRST NAME, SURNAME, DATE OF EVENT AND PARENTS' NAMES.

RESEARCHERS WILL NO LONGER HAVE HANDS-ON ACCESS TO RECORDS DUE TO SECURITY ISSUES.

NAME (PRINTED): _____

RESEARCH ID CARD NO: _____

CARD EXPIRATION DATE: _____

APPLICANT HAS READ THE ABOVE RULES. BY SIGNING BELOW, APPLICANT INDICATES THAT HE/SHE UNDERSTAND AND ACCEPTS THESE RULES AS A RESEARCHER:

_____

SIGNATURE OF APPLICANT

*Researchers are allowed one (1) visit per week. A $2.00 charge applies per record over the initial five (5). You will not be allowed to request records, leave the building and then return later that same day to request additional records.