

STATE
OF
MAINE



Rev 04/2005

STATE FILE NO. _____

(VS-7) APPLICATION FOR CORRECTING OR COMPLETING A CERTIFICATE OF:

CHECK ONE: BIRTH ☐

DEATH ☐

(NOTE: To correct a marriage – use VS-7m)

SEE BACK FOR INSTRUCTIONS ON HOW TO PREPARE THIS APPLICATION

FULL NAME OF PERSON(S) AS IT APPEARS ON THE ORIGINAL RECORD: (Marriage, Bride's Maiden & Groom's name)

DATE OF EVENT (MM/DD/YYYY)

TOWN/CITY OF EVENT

LIST ITEM # AND/OR WRONG INFORMATION
AS IT APPEARS ON RECORD

LIST ITEM # AND CORRECT INFORMATION
TO APPEAR ON RECORD

PERSON(S) APPLYING FOR CORRECTION MUST HAVE SIGNATURE(S) NOTARIZED: (SEE BACK FOR DEFINITION OF WHO MAY APPLY). I HEREBY DECLARE UNDER OATH THE ABOVE STATEMENT (S) ARE TRUE TO MY BEST KNOWLEDGE AND BELIEF:

SIGNATURE OF PERSON APPLYING

SIGNATURE OF PERSON APPLYING

SUBSCRIBED AND SWORN ON _____

SUBSCRIBED AND SWORN ON _____

SIGNATURE OF NOTARY PUBLIC/MUNICIPAL CLERK

SIGNATURE OF NOTARY PUBLIC/MUNICIPAL CLERK

MY TERM EXPIRES _____

MY TERM EXPIRES _____

COUNTY/STATE OF _____

COUNTY/STATE OF _____

TOWN/CITY OF _____

TOWN/CITY OF _____

PERSONAL AFFIDAVIT – CAN BE USED AS ONE FORM OF DOCUMENTATION (SEE DEFINITION ON BACK)

I hereby declare under oath that the information presented above is true and correct to the best of my knowledge and belief. I know this information to be true as I am: _____ (fill in relationship).

SIGNATURE _____ ADDRESS _____

SUBSCRIBED & SWORN BEFORE ME ON _____

(MONTH, DAY, YEAR)

SIGNATURE OF TOWN/CITY CLERK/NOTARY

MY TERM EXPIRES _____ COUNTY/STATE OF _____

TOWN/CITY OF _____

VITAL RECORDS USE ONLY – DO NOT WRITE BELOW THIS LINE

DESCRIPTION OF DOCUMENTS: TYPE OF DOCUMENT(S)/ORIGINAL ENTRY DATE AND COMMENTS IF NEEDED:

DATE APPROVED (MM/DD/YYYY)

SIGNATURE OF STATE REGISTRAR

INSTRUCTIONS ON PREPARING APPLICATION

1. Check the proper box at the top of the form to indicate whether the record being corrected is a birth, marriage or death.
2. Full name of person means either: name on the birth record, bride and groom, decedent's name.
3. Item # refers to the number of the box on the record being corrected – if there no item #s, please list what the wrong information is as listed on the record.
4. Who may apply for a correction?

Birth record – the child's whose record is being corrected if over the age of 18; the mother and father (if listed) on the birth record; or a legal guardian.

Death record – Personal data on decedent – Funeral Director who signed the death record or informant listed on the death record.

5. **All signatures must be notarized.**
6. Personal Affidavit may be used as *one* form of documentation. Must be completed by a relative at least 5 years older than the person whose record is being corrected, unless a death correction. For death records, the funeral director/authorized person who signed the death record, or informant may complete this section. Signature must be notarized.
7. Corrections require *two* documents, which are either originals or attested photocopies of the original. Documents must include date of birth and /or place of birth and be at least five (5) years (except personal affidavit).
8. **Fee** is \$20.00 that includes a certified copy of corrected record. Checks or money orders should be made payable to **Treasurer State of Maine**.
9. Corrections, documents and fee should be sent to: **Office of Vital Records**
#11 State House Station
Augusta, ME 04333-0011