Use the Tab Key to go from one field to the next

Reset Button

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

State Share of Vital Records Reporting Form SFY 2015

Customer #: _____ Date: _____

Municipality Name: _____ Phone #: _____

Municipal Clerk: _____ Email: _____

Address: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Reporting Period **Please Check One:** **Monthly** ☐ **Quarterly** ☐ **Semi-Annually** ☐

From: _____ to: _____ (***Mail form by the 30th of the month following the reporting period***)

Document	State Fee	Quantity Column A	Amount Column B	DHHS Dept. Revenue Code
Certified Birth	**$2.00**		$ 0.00	VR01
Additional Copies Birth	**$0.40**		$ 0.00	VR02
Certified Death	**$2.00**		$ 0.00	VR03
Additional Copies Death	**$0.40**		$ 0.00	VR04
Certified Marriage	**$2.00**		$ 0.00	VR05
Additional Copies Marriage	**$0.40**		$ 0.00	VR06
Marriage License	**$4.00**		$ 0.00	VR07
Disposition Permit	**$6.00**		$ 0.00	VR08
Total Due		0	$ 0.00	

Signed by Municipal Clerk: _____ Date: _____

Make Check Payable to: Treasurer, State of Maine

Mail Check and Form to: Cashier's Unit - May Hinckley
221 State Street
11 State House Station Augusta, ME
04333-0011

Cashier's Use Only			
Payment ☐ Over ☐ Under	Payment Amount $	Check Number:	Revenue Code VR09
Received by:		Coding String: 014-10A-6906-01-2642	
Date:		Amount Paid:	