



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

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 287-8016; Fax: (207) 287-9058  
TTY Users: Dial 711 (Maine Relay)

## REQUEST FOR OFFICIAL STATE OF MAINE IMMUNIZATION RECORD

### Requested Immunization Record Information

Last name	First name	Middle name
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Maiden Name	Mother's Maiden Name	Date of Birth
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### REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)

**NOTE:**

All requests **MUST** be accompanied with:

- A photocopy of the requestor's current state-issued driver's license or picture I.D.
- DHHS Authorization for Release of Information Form  
<http://www.maine.gov/dhhs/privacy/AZ-Spring-2014.pdf>
- Request for Official State of Maine which must be notarized or it will not be processed
  - If the record requested is for a person under 18 years of age, please state your relationship to the child
  - If the record requested is for a person 18 years of age or older, only the person named on the Immunization Record may request a copy.
  - If the requestor is a social services agency, please provide a formal request with parental/legal guardian's signature and a photocopy of their state-issued I.D., along with a photocopy of requestor's state-issued I.D.

Requestor's printed name	Requestor's relationship	Phone Number
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**NOTE:** Please provide current address and last Maine address if current address is out of State

Current address:	Street	City	State	Zip
Maine address: same as above <input type="checkbox"/>	Street	City	State	Zip

Requestor's signature	Date
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**This section MUST be completed by a Notary Public:**  
To find a notary in Maine visit: <http://www5.informe.org/online/notary/search/>

I have certified that the above signer personally appeared, was positively identified, and that the Notary witnessed the signing of the documents on the date of the notarization.

Notary's Printed name	Commission Expiration	State	County
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Notary's Signature	Date
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Instructions for completing this request  
Please send all required documents to the Maine Immunization Program by **email or fax**  
**Email:** [impact.support@maine.gov](mailto:impact.support@maine.gov)  
**Fax:** 1-800-437-5743  
Please allow 14 business days for processing

#### Office use only

Date received:	Initials:	Forms Complete <input type="checkbox"/>	Identification <input type="checkbox"/>	Notarized <input type="checkbox"/>
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