



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 OF MAINE

Request for Authorization to Officiate a Maine Civil Marriage

1. Should you have any questions while completing this application, or if you are uncertain as to whether a submitted application has been approved, please **contact a member of the Vital Records Unit at (207) 287-6490**.

2. Applications **must** be mailed at least six weeks prior to the date of the wedding. Please do not submit applications more than three months in advance.

3. Completed applications must be submitted with a **\$100 processing fee** payable to Treasurer State of Maine. Applications approved by the State Registrar will be forwarded to the applicant.

Contact information for the applicant and marriage parties must be provided on the application:

4. The names of the applicant; Party A; and Party B must be typed or printed as you wish them to appear on the certificate that will be issued by the Vital Records Unit. This information must match completely the names printed on the marriage license. Please **use current legal names for Party A and Party B**, even if one of the individuals intends to change names following the wedding. Illegible applications will cause a delay in processing.

5. The applicant must submit a copy of a valid commission or other indicia of authority to perform marriage ceremonies in the applicant's state of residence as proof of existence of the authority; and

6. The applicant must submit a copy of the applicant's state of residence statute that grants the individual authority to solemnize marriages.

7. The applicant must submit positive picture identification such as a copy of a driver's license. Once the application is reviewed:

8. The State Registrar of Maine will issue a Certificate of Solemnization to all approved applicants and an Officiant's pamphlet that explains the Officiant's responsibilities per Maine law **approximately four weeks prior to the wedding date**. Should you not receive the certificate, or if you have any related questions once the State Registrar has approved your application, please **contact the Vital Records Unit at (207) 287-6490**.

9. Following the wedding, the Certificate of Solemnization must be submitted, along with the completed marriage license, to the municipal office where the couple applied for the license.



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State of Maine

Temporary Officiate Application

Note: This application is valid only for the marriage solemnization for the individuals specified on the application within the State of Maine by the individual who is not otherwise authorized to do so.

I hereby request the State Registrar to designate me to solemnize a particular marriage for the individuals listed on this application.

Applicant Information

Full Name: Street: Email: City/State/Zip: Officiates Title: Authorization date or Commission Expiration Phone: Date of Birth:

Party A Information

Name: Street/P O Box: City: State: Zip: Phone: Date of Birth:

Party B Information

Name: Street/P O Box: City: State: Zip: Phone: Date of Birth:

City/Town of Wedding: Date of Proposed Marriage

I certify under penalty of perjury that all information on this form is accurate.

Applicant Signature: Date:

Return this application along with the \$100 processing fee in the form of a check or money order made payable to Treasurer State of Maine to: Vital Records Unit, Attn: Temporary Officiate Marriage Request 11 State House Station, 244 Water Street, Augusta, ME 04333-0011

Should you have any questions while completing this form, please contact a member of the Vital Records Unit at (207) 287-6490.

ODRVS Approval Number: Temporary Officiate Expiration Date:

State Registrar Signature: Date Approved:

Positive Identification Yes No Identification supplied

STATE OF MAINE
Department of Health and Human Services
Certificate of Solemnization

This certificate of solemnization grants _____
Name of Officiant
of _____ to perform the marriage ceremony for
State of Nonresident Officiant
_____ and _____
Party-A Party B
on _____, _____, in the municipality of _____,
Month and Day of Marriage Year of Marriage Name of Municipality
Maine. This certificate expires on _____.
Date of Expiration

Signature of State Registrar/Seal

Date Approved

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STATE OF MAINE
Department of Health and Human Services
Certificate of Solemnization

This certificate of solemnization grants _____
Name of Officiant
of _____ to perform the marriage ceremony for
State of Nonresident Officiant
_____ and _____
Party A Party B
on _____, _____, in the municipality of _____,
Month and Day of Marriage Year of Marriage Name of Municipality
Maine. This certificate expires on _____.
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Signature of State Registrar/Seal

Date Approved

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