



Maine Center for Disease  
Control and Prevention  
*An Office of the  
Department of Health and Human Services*

Maine Center for Disease Control and Prevention (Maine CDC)  
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## Department of Health and Human Services Application for Copy of Non-Certified Original Birth Certificate

The Maine CDC vital records office requires the following information to process your request. **Applicants must be 18 years of age or older and born in the State of Maine.** Please **PRINT** and complete as many items as known, required information is marked (\*required).

Name of child after adoption: \_\_\_\_\_  
First
Middle
Last (\*required)

Date of Birth: \_\_\_\_\_ City/Town of Birth: \_\_\_\_\_  
Month/Day/Year (\*required)

Adoptive Father's or Co-Parent's Name: \_\_\_\_\_  
First
Middle
Last

Adoptive Mother's or Co-Parent's Name: \_\_\_\_\_  
First
Middle
Last

Year of Adoption: \_\_\_\_\_

**The search requires a non-refundable fee of \$10.00 (checks made payable to the Treasurer State of Maine) which includes one non-certified copy of the original birth certificate, if found. A copy of your current birth certificate **MUST** be submitted with this application.**

Name of applicant: \_\_\_\_\_  
First
Middle
Last

Address of applicant: \_\_\_\_\_  
Mailing address
City/Town
State and Zip

Daytime Phone Number: \_\_\_\_\_  
Area Code and Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Adoptee: \_\_\_\_\_ Subscribed and sworn before me, in my presence, this  
 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Notary Public in and for the (county) (state) of \_\_\_\_\_  
 \_\_\_\_\_.

Notary Name (printed) \_\_\_\_\_ Notary Signature \_\_\_\_\_

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

Official Use Only	
Certificate Number	
Date Received	
Date Issued	