



Department of Health  
and Human Services

Maine People Living  
Safe, Healthy and Productive Lives

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Department of Health and Human Services  
**Application – Person Freed for Adoption but Not Subsequently Adopted  
Or Person Acting on His or Her Behalf - – VS210C**

<b>PERSONAL DATA</b>	1. Name		
	2. Birthdate	3. Sex	4. Birthplace
<b>PARENTS</b>	5a. Mother's maiden name		5b. Father's name on birth certificate
<b>COURT DATA</b>	6a. Date freed for adoption		6b. Court
<b>APPLICANT</b>	7. Name		
	8. Mailing address		
	9. Status (Check only one.) <input type="checkbox"/> Person 18 years of age or older who was freed for adoption but not subsequently adopted. <input type="checkbox"/> Legal custodian/guardian of person under 18 who was freed for adoption but not subsequently adopted. <input type="checkbox"/> Legal custodian/guardian of person determined by a court to be incapacitated and who was freed for adoption but not subsequently adopted.		
<b>CONTACT</b>	10. I wish contact with my biological parents.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	11. I wish contact with my biological full siblings who are 18 years of age or older.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	12. I wish contact with my biological half-siblings who are 18 years of age or older.		<input type="checkbox"/> Yes <input type="checkbox"/> No
	13. If my biological mother or father has died, I wish contact with these relatives of that parent. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Full Sibling <input type="checkbox"/> Half Sibling <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Cousin		
<b>SPECIAL INSTRUCTIONS</b>			
<b>CERTIFICATION</b> I hereby certify that I am the person named above, or the legal custodian or guardian of that person, and that I wish contact with the biological parents and/or other individuals indicated above.  Signed: _____ Date: _____			