

**Chapter 12: ADULT ADOPTEES ACCESS TO ORIGINAL BIRTH RECORD**

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**SUMMARY:** These rules establish the process for obtaining access to an original sealed birth record of an adult adopted person and the contact preference form and medical history form of the birth parents of an adult adopted person pursuant to 22 M.R.S.A. §§ 2765, 2768 & 2769.

**PURPOSE:** The purpose of these rules is to establish a process by which adult adopted persons or their attorneys or surviving descendants may obtain a noncertified copy of the adopted person's original birth record, and by which the birth parents of an adult adopted person may provide contact preference information and medical history information to adult adoptees, their attorneys or surviving descendants.

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**I. DEFINITIONS**

For the purposes of Chapter 12, the following terms shall have the meanings set forth below:

- A. **Adoptee** means the person who is the subject of a birth certificate.
- B. **Application form** means the form prescribed by the State Registrar for requesting access to an original birth certificate as prescribed in M.R.S.A. Title 22, M.R.S.A. §2768 (5).
- C. **Attorney** means a person duly authorized to act as the legal representative of another person.
- D. **Birth Certificate** means a certified copy of a birth record.
- E. **Birth parent** means the person who is the biological parent of an adoptee and who is named as the parent on the original birth certificate of the adoptee.
- F. **Birth Record** means the current birth record of an individual. It is the birth record that contains the individual's name after adoption.
- G. **Contact preference form** means the form which the State Registrar shall develop pursuant to 22 M.R.S.A. §2769 (5) which contains a birth parent's contact preferences.
- H. **Descendants** mean those persons who are the issue of an individual including, but not by way of limitation, the children, grandchildren, and great grandchildren to the most remote degree. Descendants are those persons related by birth in a descending line of birth from an individual.
- I. **Legal portion of birth record** means the portion of the birth record on file that does not contain statistical data.

- J. **Medical history form** means the form developed by the State Registrar required by 22 M.R.S.A. §2769 (2) which contains a birth parent's updated medical history.
- K. **Notarized Affidavit** means a written statement duly sworn to under oath before an attorney, notary public, justice of the peace or other person qualified to witness sworn statements.
- L. **Original birth record** means the birth record that was established at the time of birth, but sealed pursuant to 22 M.R.S.A. §2765.
- M. **State Registrar** means the State Registrar, Deputy State Registrar or other designated employee of the Department of Health and Human Services, Maine CDC, Office of Data, Research, and Vital Statistics.

## II. ACCESS TO/ISSUANCE OF ORIGINAL BIRTH RECORD

- A. Except as otherwise provided by 22 M.R.S.A. §2706(1), all applications by an adult adopted person, the adopted person's attorney or, if the adopted person is deceased, the adopted person's descendants must be processed by the State Registrar in accordance with these rules.
- B. Applications by an adult adopted person, the adopted person's attorney or, if the adopted person is deceased, the adopted person's descendants must be duly notarized under oath upon forms prescribed by the State Registrar.
- C. Legal proof of descent must accompany an application request submitted by descendants of an adopted person. Documents of descent must be certified copies of records.
- D. All forms and fees that are not compliant with these rules will be returned to the applicant if possible. Forms that cannot be returned will be destroyed.
- E. All applications must be on the forms provided by the State Registrar. The Application for a non-certified copy of an original birth record, Contact Preference Form, and Medical History Form shall be available upon the State Registrar's website and are also available in paper format upon request of the State Registrar.
- F. Application Forms and Fees
  - 1. Requirements. An applicant must submit a certified copy of the birth record of the adoptee with the application to obtain an original birth record to ensure compliance with age and identity requirements.
  - 2. Fees and waiting period. Fees for documents must accompany the written application and be identical to fees imposed upon persons seeking their own birth certificates. The waiting period will be identical to that imposed upon persons seeking their own birth certificates. All applications for access to original birth records must be submitted in writing, in person, or via regular mail. The applications will be processed in the order in which they are received.

3. The application form must contain the following data elements to be provided by the applicant:
  - a. Full legal name of the adoptee;
  - b. Date of birth of the adoptee;
  - c. Name of the City/Town of birth of the adoptee;
  - d. Full name of the adoptive mother/father;
  - e. Current name, mailing address, and telephone number of applicant;
  - f. Applicant's relationship to adoptee;

G. Issuance of original birth record

If available, a photocopy of the legal portion of the original birth record will be provided to the applicant pursuant to Title 22 M.R.S.A. §2768 (1) – (4). The non-certified copy of the original birth record will be stamped with “Not to be used as a Legal Document.”

### III. MEDICAL HISTORY AND CONTACT PREFERENCE

- A. All forms and fees that are not compliant with these rules will be returned to the applicant if possible. Forms that cannot be returned will be destroyed.
- B. The Medical History Form and Contact Preference Form shall be available upon the State Registrar's website and are also available in paper format upon request of the State Registrar.
- C. Medical History Form
  1. The Medical History Form must contain the following data elements to be completed by the birth parent(s):
    - a. Full name of the adoptee at birth;
    - b. Year of birth of the adoptee;
    - c. Sex of the adoptee;
    - d. Medical conditions of the adoptee's biological family;
      - i. Respiratory
      - ii. Gastrointestinal
      - iii. Cardiovascular
      - iv. Immune/Hematological

- v. Renal
- vi. Liver Disease
- vii. Central Nervous System
- viii. Endocrine
- ix. Muscular/Skeletal
- x. Neuromuscular
- xi. Visual/Auditory/Speech
- xii. Other Conditions
- xiii. Drug and alcohol use during pregnancy
- xiv. Other information on birth parents.

2. If available, upon request a photocopy of the medical history form will be issued to the applicant pursuant to 22 M.R.S.A. §2768 (1)-(4).

D. Contact Preference Form

1. The Contact Preference Form must contain the following statements and data elements to be provided by the birth parent(s):
  - a. Full name of the adoptee;
  - b. Year of birth of the adoptee;
  - c. Sex of the adoptee;
  - d. The birth parent(s) must respond to only one of the following statements:
    - i. I would like to be contacted. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.
    - ii. I would prefer to be contacted only through an intermediary. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.
    - iii. Do not contact me. I may change this preference by filling out another contact preference form. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

- e. The current name, current mailing address, and telephone number of the birth parent(s) if contact is requested.
  2. If available, information regarding the contact preference form will be issued to the applicant pursuant to 22 M.R.S.A. §2768(1)-(4).
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STATUTORY AUTHORITY: 22 M.R.S.A. §§ 2765, 2768 and 2769

EFFECTIVE DATE:

January 1, 2009 – filing 2008-586