



Maine Center for Disease Control and Prevention (Maine CDC)  
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## Contact Preference Form for Birth Parents of Adopted Children

The Maine CDC vital records office requires the following information to process your request. Please **PRINT** and complete as many items as known, required items are marked (\*required).

Name of Child on Original Birth Record: \_\_\_\_\_  
First Middle Last (\*Required)

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

Sex  Female  Male

Hospital: \_\_\_\_\_

Birth Parent's Name on Child's Original Birth Record: \_\_\_\_\_  
First Middle Last

**IF THE ORIGINAL BIRTH RECORD IS RELEASED, WHAT IS YOUR PREFERENCE REGARDING CONTACT WITH THE ADOPTEE?**

I am the  Biological Birth Parent  Other Biological Birth Parent

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.

Current Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Town, State, Zip: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_

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.

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.

Official Use Only	
Certificate Number:	
Date Received:	
Date Issued:	