

State of Maine
Department of Health and Human Services
Certificate of Adoption

Year: _____ Number: _____

Adopting Parent(s) must furnish and verify personal information which will appear on new birth certificate.

Adoptive Parent	1. First Name	2. Middle Name	3. Last Name	4. Name Prior to First Marriage	
	5. Date of Birth (mm/dd/yyyy)		6. Birthplace (State or foreign country)		
	8. Race – Specify (American Indian, Black, White, etc.)		9. Ancestry- Specify (French, English, Irish, etc.)		
	10. Marital Status (Check one) Married Never Married Widowed Divorced Domestic Partner				
	11. Relationship of Petitioner to Child: Not Related Foster Parent Biological Parent Sole Parent Step Parent				
	12. Adopting Parent Signature ▶				

Adoptive Parent	13. First Name	14. Middle Name	15. Last Name	16. Name Prior to First Marriage	
	17. Date of Birth (mm/dd/yyyy)		18. Birthplace (State or foreign country)		
	20. Race – Specify (American Indian, Black, White, etc.)		21. Ancestry- Specify (French, English, Irish, etc.)		
	22. Marital Status (Check one) Married Never Married Widowed Divorced Domestic Partner				
	23. Relationship of Petitioner to Child: Not Related Foster Parent Biological Parent Sole Parent Step Parent				
	24. Adopting Parent Signature ▶				

Parent's Address	25. Mailing Address		26. City/Town		
	27. County		28. State		
	29. Zip Code		30. Do parents want a new birth certificate established? (If no, complete certification on second page) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	31. Do parents want the new birth certificate to bear an asterisk next to the items changed by adoption? (If yes, complete certification on second page) <input type="checkbox"/> Yes <input type="checkbox"/> No			32. Attorney's Name and Address	

Petitioner will complete this part of the report. Please copy entries directly from certified copy of the birth record presented to court.

Child	33. First Name	34. Middle Name	35. Last Name	36. Suffix	
	37. Date of Birth (mm/dd/yyyy)		38. Birthplace (State or foreign country)		
	40. Race – Specify (American Indian, Black, White, etc.)		41. Ancestry- Specify (French, English, Irish, etc.)		
	42. City/Town of Birth		43. County of Birth		44. State of Birth

Parent	45. First Name	46. Middle Name	47. Last Name	48. Name Prior to First Marriage
	49. Date of Birth (mm/dd/yyyy)		50. Birthplace (State or foreign country)	
	52. Race – Specify (American Indian, Black, White, etc.)		53. Ancestry- Specify (French, English, Irish, etc.)	

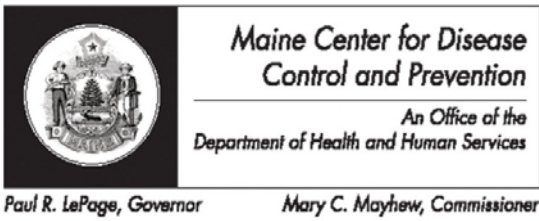
Parent	54. First Name	55. Middle Name	56. Last Name	57. Name Prior to First Marriage
	58. Date of Birth (mm/dd/yyyy)		59. Birthplace (State or foreign country)	
	61. Race – Specify (American Indian, Black, White, etc.)		62. Ancestry- Specify (French, English, Irish, etc.)	

Probate Court Information

Probate Court Seal	63. Placement: <input type="checkbox"/> Department of Health and Human Services <input type="checkbox"/> Other Agency Placement <input type="checkbox"/> Independent/Private Adoption			
	I hereby certify that on _____, _____ (mm/dd/yyyy) (Adoptive parent) and _____ were given leave to adopt the individual identified above and that the legal name was (Adoptive parent) changed to _____ (First, middle, last and suffix)			
	64. Registrar's Signature and Seal ▶			65. Date Signed (mm/dd/yyyy)
	66. Provide Name of Maine County Probate Court			67. Adoption Docket Number

Data, Research, and Vital Statistics (DRVS) Use Only

\$60.00 Registration Fee Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$6.00 Additional Copies Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number	Date Paid
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Department of Health and Human Services
Maine Center for Disease Control and Prevention
220 Capitol Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-5500; Fax: (207) 287-5470
TTY Users: Dial 711 (Maine Relay)

No New Birth Certificate After Adoption

As provided by 22 M.R.S.A. 2765(1) (A), we/I request that a new birth certificate **shall not** be established for the individual identified on this Certificate of Adoption.

Adopting Parent's Signature

Adopting Parent's Signature

OR

Adopted Person if 18 years of age or older

New Birth Certificate Annotated with Asterisk (*) to show Items Changed by Adoption

As provided by 22 M.R.S.A. 2765(2-A)(A)(1), we/I request that all items on the new certificate that have been revised by the adoption decree be identified, and that the notation "court action" and the date of the adoption decree be shown on the new certificate.

Adopting Parent's Signature

Adopting Parent's Signature

OR

Adopted Person if 18 years of age or older