

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

DATE PAID	CHECK NUMBER

YEAR	NUMBER

Adoptive Parents

ADOPTING PARENTS must furnish and verify personal information which will appear on new birth certificate.

C O P A R E N T	2A. FIRST NAME Sally	2B. MIDDLE NAME Jane	2C. LAST NAME Smith	2D. MAIDEN SURNAME Doc	
	3. DATE OF BIRTH (Mo., Day, Yr.) 05/01/1975	4. BIRTHPLACE (State or Foreign Country) Portland, ME	5. RACE - American Indian, Black, White, etc. (Specify) White	6. ANCESTRY - French, English, Irish, etc. (Specify) French	7. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
9. ADOPTING MOTHER'S SIGNATURE Sign Here					
C O P A R E N T	10A. FIRST NAME John	10B. MIDDLE NAME Michael	10C. LAST NAME Smith	10D. JR., ETC.	11. RELATIONSHIP OF PETITIONER TO CHILD <input type="checkbox"/> NOT RELATED <input checked="" type="checkbox"/> FOSTER PARENT <input type="checkbox"/> OWN PARENT <input type="checkbox"/> SOLE PARENT <input type="checkbox"/> STEP PARENT
	12. DATE OF BIRTH (Mo., Day, Yr.) 04/15/1972	13. BIRTHPLACE (State or Foreign Country) Lewiston, ME	14. RACE - American Indian, Black, White, etc. (Specify) White	15. ANCESTRY - French, Irish, etc. (Specify) French	16. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
17. ADOPTING FATHER'S SIGNATURE AND MAILING ADDRESS Sign Here					
A D D R E S S	18A. RESIDENCE - STATE Maine	18B. COUNTY Androscoggin	18C. CITY OR TOWN My Town	18E. ZIP CODE 00000	
	18D. STREET AND NUMBER 123 My Street	18E. MAILING ADDRESS 123 My Street, My Town, ME			18F. ZIP CODE 00000
19. ATTORNEY'S NAME AND ADDRESS If you are using an attorney they will fill in this information. See reverse side of form if you check No in box 20 or YES in box 21					
20. DO YOU WANT A NEW CERTIFICATE ESTABLISHED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE CERTIFICATION ON THE REVERSE SIDE.			21. DO YOU WANT THE NEW CERTIFICATE TO BEAR AN ASTERISK NEXT TO THE ITEMS CHANGED BY ADOPTION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, COMPLETE CERTIFICATION ON THE REVERSE SIDE.		

IS REGISTRATION FEE ENCLOSED? YES NO (\$60.00 if born in Maine, \$6.00 for any additional certificate ordered at this time. \$60.00 if born outside of Maine.)
Check Payable to: **TREASURER, STATE OF MAINE**

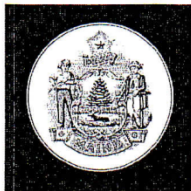
ORIGINAL IDENTITY OF ADOPTEE

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

C H I L D	22A. FIRST NAME Child's original first name	22B. MIDDLE NAME Child's original middle name	22C. LAST NAME Child's original last name	22D. JR., ETC.
	23. SEX M	24. DATE OF BIRTH (Mo., Day, Yr.) 07/24/2006	25. RACE - American Indian, Black, White, etc. (Specify) White	26. ANCESTRY - French, English, Irish, etc. (Specify) English/Irish
27A. STATE OF BIRTH Maine		27B. COUNTY OF BIRTH Androscoggin	27C. CITY/TOWN OF BIRTH Lewiston	
M O T H E R	28A. FIRST NAME Birth Mom First Name	28B. MIDDLE NAME Birth Mom Middle Name	28C. LAST NAME Birth Mom Last Name	28D. MAIDEN SURNAME If different or N/A
	29. DATE OF BIRTH Birth Mom's Date of Birth	30. RACE - American Indian, Black, White, etc. (Specify) Birth Mom's Race	31. ANCESTRY - French, English, Irish, etc. (Specify) Birth Mom's Ancestry (if known)	
F A T H E R	32A. FIRST NAME Birth Father First Name	32B. MIDDLE NAME Birth Father Middle Name	32C. LAST NAME Birth Father Last Name	32D. JR., ETC.
	33. DATE OF BIRTH (Mo., Day, Yr.) Birth Father's Date of Birth	34. RACE - American Indian, Black, White, etc. (Specify) Birth Father's Race	35. ANCESTRY - French, English, Irish, etc. (Specify) Birth Father's Ancestry	

COURT INFORMATION

36. PLACEMENT: <input type="checkbox"/> DEPARTMENT OF DHHS <input type="checkbox"/> OTHER AGENCY PLACEMENT <input type="checkbox"/> INDEPENDENT/Private ADOPTION			37. ADOPTION DOCKET #
C O U R T S E A L	I hereby certify that on _____ (Mo., Day, Yr.) _____		
	and _____ were given leave to adopt the individual identified above, and that the legal name		
	was changed to _____		
38A. REGISTRARS SIGNATURE AND SEAL		38B. DATE SIGNED (Mo., Day, Yr.)	39. PROBATE COURT FOR THE COUNTY OF _____, MAINE



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

Office of Vital Records
11 State House Station
244 Water Street
Augusta, Maine 04333-0011

207) 287-3181
Fax: (207) 287-1093
TTY: 1-800-606-0215

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.

IF YOU CHECKED NO IN BOX 20 OF THE CERTIFICATE OF ADOPTION THEN YOU WOULD SIGN HERE.

Adopting Parent's Signature

Adopting Parent's Signature

YOU WILL NOT RECEIVE A NEW BIRTH CERTIFICATE FOR THE CHILD.

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.

IF YOU CHECKED YES IN BOX 21 OF THE CERTIFICATE OF ADOPTION ON REVERSE SIDE, YOU WOULD SIGN HERE. THE BIRTH CERTIFICATE WOULD SHOW THAT INFORMATION MARKED WITH THE ASTERISK WAS CHANGED DUE TO THE COURT ACTION OF THE ADOPTION.

Adopting Parent's Signature

Adopting Parent's Signature

OR

Adopted Person if 18 years of age or older