



Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

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Adoption Reunion Registry Application - Biological Parents and Other Relatives or Persons Acting on Their Behalf - VS210A

State File Number _____

ADOPTED PERSON
1. Name of Adopted Person at Birth
2. Birthdate
3. Sex Male Female
4. Birthplace
"Adopted Person" includes those whose adoption was annulled or whose adoptive parents no longer have parental rights.
BIOLOGICAL PARENTS
5. Biological Parent's Name Prior to 1st Marriage
6. Other Parent's Name Prior to 1st Marriage on Birth Certificate
APPLICANT
7. Applicant's Name
8. Applicant's Mailing Address
9. Status (Check only one)
[] Biological parent of the adopted person
[] Full or half-sibling (age 18 or older) of the adopted person
[] Legal custodian/guardian of person (under the age of 18) who is a full or half-sibling of the adopted person
[] Relative of the deceased biological parent of the adopted person:
[] Parent [] Other Parent [] Grandparent
[] Full Sibling [] Half Sibling
[] Aunt [] Uncle [] Cousin
(Death certificate of biological parent and proof of relationship required)
CONTACT
10. I wish contact with adopted person if they are 18 years of age or older. [] Yes [] No
11. If the adopted person is under the age of 18 or is incapacitated, I wish contact with their adoptive parent or legal guardian. [] Yes [] No
12. If the adopted person has died, I wish contact with their adoptive parents. [] Yes [] No
SPECIAL INSTRUCTIONS:
CERTIFICATION
I hereby certify that I am the biological parent or specified other relative of the adopted person named above, or the legal custodian or guardian of a minor sibling of that adopted person, and that I wish contact with the adopted person or with the other individuals indicated above.
Signed: _____ Date: _____