

Department of Health and Human Services

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Adoption Reunion Registry Application – Adopted Persons or Person Acting on Adopted Person's Behalf – VS210B

State File Number 1. Name after Adoption ADOPTED PERSON 2. Birthdate 3. Sex 4. Birthplace Male "Adopted Person" includes those whose adoption was annulled or whose adoptive parents no longer have parental rights. 5a. Adoptive Parent's Name Prior to 1st Marriage ADOPTIVE **PARENTS** 5b. Adoptive Other Parent's Name Prior to 1st Marriage 6a. Date of Adoption COURT DATA 6b. Name and Location of Court 7. Applicant's Name 8. Applicant's Mailing Address 9. Status (Check only one) APPLICANT Adopted person (18 years of age or older) Adopted person (18 years of age or older) whose adoption was annulled Adopted person (18 years of age or older) whose adoptive parents no longer have parental rights Adoptive parent or legal custodian/guardian of an adopted person (under the age of 18) or who is incapacitated Legal Custodian/Guardian of a Person (under age of 18) whose adoption was annulled or whose adoptive parents no longer have custody Adoptive parent(s) of an adopted person who has died 10. I wish contact with my biological parents. Yes No 11. I wish contact with my biological full siblings who are 18 years of age or older. Yes No CONTACT DESIRED 12. I wish contact with my biological half-siblings who are 18 years of age or older. Yes No 13. If my biological parent or other parent has died, I wish contact with these relatives of that parent. Other Parent Parent Grandparent Full Sibling Half Sibling Aunt Uncle Cousin SPECIAL INSTRUCTIONS: I hereby certify that I am the adopted person named above, or the adoptive parent or legal custodian or guardian of that person, and CERTIFICATION that I wish contact with the biological parents and/or other relatives as indicated above.

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