

State of Maine  
Department of Health and Human Services  
**Foreign Born Adoption**

			Year:	Number:	
Adopting Parent(s) must furnish and verify personal information which will appear on new birth certificate. (If errors in this section, an additional fee is required to amend the record)					
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)		7. Sex Male Female	
	8. Race – Specify (American Indian, Black, White, etc.)		9. Ancestry- Specify (French, English, Irish, etc.)		
	10. Marital Status (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner				
	11. Adopting Parent Signature ▶				
Adoptive Parent	12. First Name	13. Middle Name	14. Last Name	15. Name Prior to First Marriage	
	16. Date of Birth (mm/dd/yyyy)	17. Birthplace (State or foreign country)		18. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	19. Race – Specify (American Indian, Black, White, etc.)		20. Ancestry- Specify (French, English, Irish, etc.)		
	21. Marital Status (Check one) <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner				
	22. Adopting Parent Signature ▶				
Parent's Address	23. Mailing Address			24. City or Town	
	25. County	26. State		27. Zip Code	
	28. Do parents want a new birth certificate established? (If no, complete certification on page 2)		29. Do parents want the new birth certificate to bear an asterisk next to the items changed by the adoption? (If yes, complete certification on page 2)		
	Yes    No		Yes    No		
30. 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	31. First Name	32. Middle Name	33. Last Name	34. Suffix	
	35. Date of Birth (mm/dd/yyyy)	36. Birthplace (State or foreign country)		37. Sex Male Female	
	38. Race – Specify (American Indian, Black, White, etc.)		39. Ancestry- Specify (French, English, Irish, etc.)		
	40. City or Town of Birth	41. County of Birth	42. Country of Birth		
	43. Parental Status of Child (Check one) <input type="checkbox"/> Both Parents Deceased <input type="checkbox"/> One Parent Deceased <input type="checkbox"/> Parents Alive/Together <input type="checkbox"/> Parents Alive/Seperated/Deserted <input type="checkbox"/> Parents Alive/Divorced <input type="checkbox"/> Born Out of Wedlock <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Status Unknown				
Parents	44. First Name	45. Middle Name	46. Last Name	47. Name Prior to First Marriage	
	48. First Name	49. Middle Name	50. Last Name	51. Name Prior to First Marriage	
Probate Court Information					
Probate Court Seal	52. Placement: <input type="checkbox"/> Department of Health and Human Services <input type="checkbox"/> Other Specify:				
	Certificate of Adoption of Foreign Born Person				
	I hereby certify that on _____, _____ (Adoptive parent) (mm/dd/yyyy) 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)				
	Certificate of Recognition of Foreign Adoption				
	I hereby certify that on _____, the adoption of _____ (Original identity of adoptee) (mm/dd/yyyy) in the country of _____ was recognized by this court and that the child's name shall be (Country) changed to _____. (First, middle, last and suffix)				
53. Registrars Signature and Seal ▶				54. Date Signed (mm/dd/yyyy)	
55. Provide Name of Maine County Probate Court			56. Date Petition Filed (mm/dd/yyyy)	57. 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		Date Paid	



Maine Center for Disease Control and Prevention (Maine CDC)  
220 Capitol Street  
11 State House Station  
Augusta, Maine 04333-0011  
(207) 287-3771  
Fax : (207) 287-1093 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