



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Corrections, Completions, & Amendments to Vital Records



JESSICA RAVEN

Vital Records Representative

(207) 287-5452

Course Outline



Housekeeping (Legal Authority,
Responsibility of Municipal Clerks &
Forms)



Types of Corrections (Hospital vs Public)



Who may apply?



Questions & Answers

PAGE 2

Legal Authority

- Title 22 §2705 governs the requirements for the amendments for vital records.
<https://legislature.maine.gov/statutes/22/title22sec2705.html>
- Department rules 10-146 CMR Ch. 2 rules regulates the types of corrections, who may apply, the fee, and the documentary evidence required to support the correction.
<https://www.maine.gov/sos/cec/rules/10/chapter10.htm#146>
- Title 19A, Chapter 61 governs the requirements for the Maine Parentage Act.
<https://legislature.maine.gov/statutes/19-A/title19-Ach61sec0.html>



Responsibilities of Municipal Clerks

Municipal Clerks

1. Municipal clerks shall advise and assist individuals in preparing applications and assembling evidence for alterations, corrections, completions, and other amendments to birth, marriage, death or fetal death records.
2. Municipal clerks shall forward the application and supporting documents to the Office of Vital Statistics if requested by the applicant.
3. Municipal clerks may alter, correct, complete or otherwise amend birth, marriage, death and fetal death records only as instructed by the Office of Vital Statistics.
4. Municipal clerks shall alter, correct, complete or otherwise amend birth, marriage, death, and fetal death records by one of the methods specified in section 6 of this chapter ("Methods of Amending Certificates") as instructed by the Office of Vital Statistics.
5. If a new certificate of birth is established pursuant to this chapter, all copies of the original certificate shall be sealed from inspection or returned to the Office of Vital Statistics as instructed by the Office.



Vital Record Forms

- All forms used to correct, complete or amend a vital record available to the general public may be found on DRVS website at <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>.
- Municipal clerks & staff may also find forms under Forms/Print forms in the DAVE system once logged into the system.

The screenshot shows the Maine.gov website with the Division of Public Health Systems. The main heading is 'Coronavirus Disease 2019 (COVID-19) - Updates and Information'. Below this, there is a section for 'Data, Research and Vital Statistics - Forms'. The page includes a sidebar with various navigation links and a main content area with detailed information about vital records, including office hours, request forms, and a list of specific forms for birth and death records.

DRVS recommends that municipal clerks & staff bookmark this page to ensure the forms provided and available to the public are the most current and updated forms. Please become familiar with the forms available to the public to better assist them whether it is sending them the link or printing out the form for them.

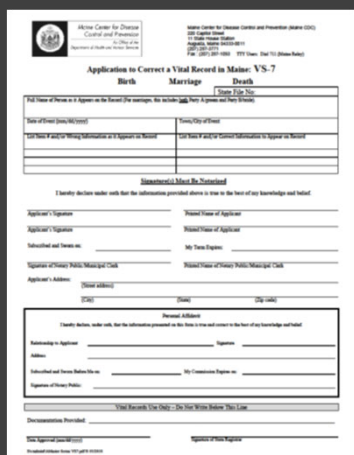
Hospital Corrections

- If an error is made by the hospital in which the child was born, the hospital may submit an electronic amendment in the DAVE system within 90 days after the birth record was filed.
- Errors not corrected within the 90 days after the birth has been filed, requires the parent(s) who are listed on the birth record to submit a paper correction by using the VS-7 correction form.



If the parents believe they did not make the error when they completed the parent worksheet at the hospital, they may contact the hospital to submit the correction. The hospital may submit the correction only if the parent worksheet contains the correct information. Otherwise, it will be up to the parents to submit the correction.

VS-7 Correction Form & Instructions




The top portion of the VS-7 correction form must contain the child's name, date of birth and place of birth and it must match the birth record exactly. The boxes below provides the opportunity for the applicants to display the incorrect information (on the left side of the form) and the correct information (on the right side of the form). The parent or parents listed on the birth record must provide their current address and sign the correction application in presence of a notary or their signatures must be witnessed by a municipal clerk.

In general, applications may be made by the registrant if 18 years of age or over, both parents if living, either parent if the other is deceased, or the individual responsible for filing the certificate, or the guardian or agency having legal custody of the registrant.

Applicants must provide two pieces of documentary evidence in support of the correction/completion or amendment. One piece of documentary evidence that may be used is the personal affidavit portion on the VS-7 correction form which also must be signed in presence of a notary or the signatures must be witnessed by a municipal clerk.

Other examples of documentary evidence may be found on the 2nd page of the VS-7 form. Hospitals may provide evidence in support of the correction but they cannot submit an electronic correction after 90 days.

The completed and approved VS-7 is scanned and attached to the case in the DAVE system or filed with the paper based birth certificate.

Examples of Documents (VS-7 Instructions)

- Personal affidavit – A parent or sibling having first-hand knowledge of the correct information may use a personal affidavit. The person signing the personal affidavit MUST be as old as or older than the applicant. Marriages: The Party A/Groom or Party B/Bride may use the personal affidavit to correct personal information on themselves, a municipal clerk may use the personal affidavit to correct a clerical error made by the municipal clerk, or the officiates may use the personal affidavit to correct information in the ceremony section. Deaths: the funeral director, authorized person or the informant may use the personal affidavit. The person completing the personal affidavit MUST sign the affidavit in the presence of a notary public or municipal clerk.
- Officiates may also use the personal affidavit as a form of documentation when correcting errors in the ceremony section of a marriage certificate.
- Intentions of marriage
- Other documents (document must be at least 5 years old). Examples: Previous marriage record, death or birth certificate
- Medical records
- Records of employment, education, census, selective service or military service
- Voter registration applications
- Newspaper articles
- For marriages: wedding guest book showing names of Party A/Groom or Party B/Bride and date of marriage, church record

PAGE 8

Please Note

When using documentation to correct a vital record, the document(s) used MUST be original true attest copies or notarized copies and show the name of the person whose record is being corrected (as it should appear on the record) and the date of the event.

Original records submitted at the time of application will be returned to the applicants and notated on the bottom of the correction form. The cost for an correction after 90 days is \$60.00 and includes a copy of the corrected record.

The normal processing time of a correction for vital

records is 4-6 weeks.

HOW WILL WE BE NOTIFIED IF THERE IS A CORRECTION TO ONE OF OUR RECORDS?

- Births from 1995 to present will be made electronically in the DAVE system.
- Births prior to September of 1995 will be made to the paper records and a true attested copy of the corrected record, the approved VS-7 correction form and instructions will be mailed to the place of birth municipality and the municipality in which the mother resided.

Maine Department of Health and Human Services

469970 2021000004 Summer Finally Dec-21-2021 Amendment Exists

Legal/Valid/Medical/Valid with exceptions/Certified/Registered/AOP Pending Completion/AOP

Child's Name

No Given Name ☐

First Middle Other Middle Last Suffix

Summer Finally

Date of Birth Time of Birth Sex

Dec-21-2021 07:00 AM Female

Request SSN for Child

No

Sex (Biological)

Validate Page Next Clear Save Return

PAGE 9

The red arrow shows when an correction or amendment has been done in the DAVE system. It is always recommended to search the record to ensure the correction has been done prior to issuing the record.

As a reminder, all amendments, corrections and completions to vital records must be submitted and corrected or completed by DRVS.

Corrections, completions and amendments made to vital records after 90 days must be marked amended and provide the documentation used to correct them and the date the amendment/correction was done.

Electronic records will contain the correction information in the marginal note of the record and paper corrections will contain the cross out of the incorrect information followed by the correct information typed above or to the side of the wrong information.



What other types of corrections or amendments require the VS-7 correction form to be completed?

- The completion of an unnamed child.
- The correction or amendment of any of the child's or parents' information that appears on a certified copy of a birth record (including the spelling variations of a last name or when the first and middle names are reversed).
- The amendment of birth certificate of adult (18 years or older) for the purpose of identifying or replacing a genetic parent who was not known or listed at the time of birth.
- If the parents of a child have had a legal name changed by a court and would like to apply their new name(s) on the child's record. (court orders are also required)

PAGE 10

Talk about each type of correction.

Legal Name Changes

- Any changes to a last name (unless a spelling variation) or obtaining a new name all together must be done through a court of competent jurisdiction of the person listed on the vital record.
- The court order that provides the old and new name, the VS-14 form signed and completed by a court or the divorce judgement/decreed that states the new name after divorce, must be presented directly to DRVS.

Janet T. Mills
 Governor
 Jonna M. Lindstrom, PhD
 Commissioner

Minnesota Department of Health and Human Services
 Minnesota Center for Disease Control and Prevention
 55 State Street, Suite 100
 St. Paul, MN 55101-2000
 Tel: (612) 395-4000, Fax: (612) 395-4001
 TTY: (612) 395-4001, TDD: (612) 395-4001

Legal Name Change (LNC)
Request to Amend a Vital Record

Legal Name Change to be applied to: ☐ Birth Certificate ☐ Marriage Certificate ☐ Domestic Partnership

Part 1. Applicant must provide name as shown on the vital record (first, surname, initials) before name change.
 First Name: _____ Middle Name(s): _____ Last Name: _____ Suffix (Jr., etc.): _____

Date of Birth (Month/Day/Year) (mm/dd/yyyy): _____ Place of Birth (City/State): _____
 Maiden Name (First Name to First Marriage (first, middle, last name, suffix): _____
 Maiden Name (First Name to First Marriage (first, middle, last name, suffix): _____

Part 2. Please provide the name and current address where the amended vital record should be mailed and contact information.
 Applicant's Mailing Address (street or P.O. box): _____ City/Town: _____ State: _____ Country: _____ Zip Code: _____
 Applicant's Phone Number (area code and number): _____ Applicant's E-mail: _____

Part 3. Written request of the applicant or parent/guardian if under the age of 18 to amend vital record.
 I request that my vital record be amended to show the new name I have acquired by judicial decree as specified in Chapter 2 of 2000 (1) and Department rule _____ Date Signed (mm/dd/yyyy): _____
 Signature of Applicant: _____

Part 4. To be completed by the Register of Probate or District Court as specified in Title 1, § 1.12.
 First Name: _____ Middle Name(s): _____ Last Name: _____ Suffix (Jr., etc.): _____
 Date of Judicial Decree (mm/dd/yyyy): _____ Name of District/Probate Court: _____
 Location of District/Probate Court (City/State): _____ County of District/Probate Court: _____
 Signature and Seal of Register/Clerk of the Court: _____ Date Signed (mm/dd/yyyy): _____

Part 5. Fees.
 Checks or money orders should be payable to: Treasurer, State of Minnesota and sent to the address provided below.
 There is a \$60.00 fee for processing each court ordered legal name change. The fee shall be paid at the time the request and court order are presented to DHS, Research, and Vital Statistics (DRVS) and includes one certified copy of the amended record.
 Additional copies requested at the same time are \$1.00.
 Payment Amount: _____ Check Number: _____ Payment Received By: _____ Date Payment Received (mm/dd/yyyy): _____

Applicants will receive an amended vital record within 6 to 8 weeks from the date the LNC (VS-14) is received by DRVS.

Revised 02/2019

There is a \$60.00 fee associated with any legal name change or court order but includes a certified copy of the amended birth record.



Application to Change the Name and/or Sex of a Minor on a Record of Live Birth to Support Gender Identity

PLEASE PRINT OR TYPE INFORMATION: To make the change(s) indicated below, a signature is required in the presence of a Notary Public. The cost for a certified birth certificate is \$15. Each additional copy requested at the time of application is \$6.00.

APPLICANT: Applicant(s) must be a parent or legal guardian of the registrant.

1. Applicant's current legal name: (Print) (Middle) (Last)
2. Address of applicant: (Number and Street) (City/Town) (State/Country) (Zip)
3. Mailing Address if different: (Number and Street) (City/Town) (State/Country) (Zip)
4. Telephone: 5. Email of applicant:

6. Applicant's relationship to registrant:

REGISTRANT: Registrant's information as it appears on the birth record.

7. Registrant's name: (First) (Middle) (Last)
8. Date of birth: (mm/dd/yyyy) 9. Sex as it appears on the record: (M or F) 10. City/Town of birth: (City/Town)
11. Mother/Parent full name on registrant's birth record: (First) (Middle) (Last name as mother's maiden name)
12. Father/Parent full name on registrant's birth record: (First) (Middle) (Last name as father's maiden name)

Please indicate the changes to be applied:

☐ The legal name on the birth certificate identified above shall be changed to:

First: Middle: Other Middle:

☐ The sex/gender on the birth certificate identified above shall be changed to: ☐ Male ☐ Female ☐ X (non-binary)

Attestation: I attest that this request is for the purpose of affirming the registrant's gender identity which is different than the sex shown on the current birth certificate.

STATEMENT OF PARENTS: We affirm, under penalty of perjury, that I/we are the parent(s) or legal guardian(s) of the registrant.			
Signature of Mother/Parent	Date Signed (mm/dd/yyyy)	Signature of Father/Parent	Date Signed (mm/dd/yyyy)
The above individual(s) have personally appeared before me and made oath to the truth of the statements.			
State of: _____	County of: _____	State of: _____	County of: _____
Date Signed (mm/dd/yyyy): _____	Date Signed (mm/dd/yyyy): _____	Date Signed (mm/dd/yyyy): _____	Date Signed (mm/dd/yyyy): _____
Commission Expiration Date: _____	Commission Expiration Date: _____	Commission Expiration Date: _____	Commission Expiration Date: _____
Signature of Notary Public	Signature of Notary Public	Signature of Notary Public	Signature of Notary Public

NOTARY INSTRUCTIONS: If using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

Revised 07/2020

Gender Identity (under 18)



Declaration of Gender Transition or Intersex Condition by Licensed Health Care Professional

I, _____, being a licensed health care professional or a licensed mental health professional, have personally treated or evaluated _____ and this person has either:

☐ undergone treatment that is clinically appropriate for the purpose of gender transition, based on contemporary medical standards or,

☐ has an intersex condition.

The sex designation on such person's birth record should therefore be changed to _____.

PROVIDER'S INFORMATION

License number _____, issuing state _____, expiration _____

Office street address _____

Office city, state, and ZIP code _____

Office telephone _____, Office fax _____

I attest that I have a provider/patient relationship with the minor and the requested gender designation is consistent with the minor's identity.

Signature _____ (Printed name of professional or licensed mental health professional)

Date _____

Revised 07/2020



Application to Change the Name and/or Sex on a Record of Live Birth to Support Gender Identity

CLEARLY PRINT OR TYPE INFORMATION: To make the change(s) indicated below, a signature is required in the presence of a Notary Public. The cost for a certified birth certificate is \$15. Each additional copy requested at the time of application is \$6.00.

APPLICANT INFORMATION:

1. Applicant current legal name: (First) (Middle) (Last)
2. Address of applicant: (Street and Number) (City or Town) (State/Country) (ZIP)
3. Mailing Address if different: (Street and Number) (City or Town) (State/Country) (ZIP)
4. Telephone: 5. Email of applicant:

6. Applicant's relationship to registrant:

REGISTRANT INFORMATION ON THE RECORD TO BE AMENDED:

7. Full name as it appears on birth record: (First) (Middle) (Last)
8. Date of birth: 9. Sex as it appears on the record: 10. Town/City of birth: (State/Country)
11. Mother/Parent full name on registrant's birth record: (First) (Middle) (Last name as mother's maiden name)
12. Father/Parent full name on registrant's birth record: (First) (Middle) (Last name as father's maiden name)

I am requesting that:

<input type="checkbox"/> the legal name on the birth certificate identified above be changed
Name as it now appears: (First) (Middle) (Last Name)
Name as it should appear: (First) (Middle) (Last Name)
<input type="checkbox"/> the sex on the birth certificate identified above be changed
Sex currently shown on record: <input type="checkbox"/> M (Male) <input type="checkbox"/> F (Female) <input type="checkbox"/> U (Undetermined) Sex as it should appear: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (non-binary)

Applicant:

Sign your name ONLY in the presence of a Notary Public. Applicant must be the registrant.

Attestation:

I attest that this request is for the purpose of affirming my/the registrant's gender identity which is different than the sex shown on the current birth certificate.

Signature of Applicant: _____
Signature of Notary: _____
My commission expires: _____
Subscribed to before me on this ____ day of _____, State/Country of _____

NOTARY INSTRUCTIONS: If notary is using a raised seal, indicate in which state you are registered as a notary and the date your commission expires. Notary signature and seal must appear in this form. Do not attach a separate notary statement.

Revised 07/2020

Gender Identity (18 and older)



PAGE 13



MAINE PARENTAGE ACT

<https://legislature.maine.gov/statutes/19-A/title19-Ach61sec0.html>

- 1. Birth.
- 2. Court Ordered Adjudication.
- 2. Adoption.
- 3. Acknowledgment.
- 4. Presumption.
- 5. De facto parentage.
- 6. Genetic parentage.
- 7. Assisted reproduction.
- 8. Gestational carrier agreement.
- 9. Legitimation.

Court Ordered Parentage

<https://legislature.maine.gov/statutes/19-A/title19-Asec1840.html>

Orders

- 1. Interim order for support. The court may issue an interim order for support of a child in accordance with the child support guidelines under chapter 63 with respect to a person who is:
 - A. A presumed, acknowledged or adjudicated parent of the child;
 - B. Petitioning to have parentage adjudicated;
 - C. Identified as the genetic parent through genetic testing;
 - D. An alleged parent who has declined to submit to genetic testing; or
 - E. The woman who gave birth to the child.
- 2. Interim order for parental rights and responsibilities. The court may order an initial allocation of parental rights and responsibilities. The order of the court must provide notice that if either party objects to the allocation, that party may file a complaint and that an order from that action supersedes this initial allocation of parental rights and responsibilities. In resolving parental rights and responsibilities issues, the court may not delay entering a determination of parentage and an initial order concerning child support.
- 3. Final orders. Final orders concerning child support or parental rights and responsibilities are governed by chapters 51 and 55, respectively.



Other parentage that must be adjudicated by a court include:

De Facto Parentage - may be more than two parents listed on a child's birth record.

Genetic Testing- Court ordered based on DNA results presented to the court.

Assisted Reproduction-

Gestational Carrier Agreement-

Adoption

<https://legislature.maine.gov/statutes/18-C/title18-Cch9sec0.html>

Certificate of Adoption			
Adopting Parent(s)		Child	
1. First Name	2. Last Name	3. First Name	4. Last Name
5. Date of Birth (mm/dd/yyyy)	6. Birthplace (State or Foreign country)	7. Sex	8. Race - Specify (American Indian, Black, White, etc.)
9. Marital Status (Check one)	10. Marital Status (Check one)	11. Relationship of Petitioner to Child	12. Relationship of Petitioner to Child
13. Adopting Parent Signature	14. Adopting Parent Signature	15. Adopting Parent Signature	16. Adopting Parent Signature
17. Date of Birth (mm/dd/yyyy)	18. Birthplace (State or Foreign country)	19. Sex	20. Race - Specify (American Indian, Black, White, etc.)
21. Marital Status (Check one)	22. Marital Status (Check one)	23. Relationship of Petitioner to Child	24. Relationship of Petitioner to Child
25. Adopting Parent Signature	26. Adopting Parent Signature	27. Adopting Parent Signature	28. Adopting Parent Signature
29. Mailing Address	30. Mailing Address	31. Mailing Address	32. Mailing Address
33. County	34. State	35. City/Town	36. Zip Code
37. The petitioner swears that the child is not a child of the petitioner and is not a child of the petitioner's spouse or partner.	38. The petitioner swears that the child is not a child of the petitioner and is not a child of the petitioner's spouse or partner.	39. The petitioner swears that the child is not a child of the petitioner and is not a child of the petitioner's spouse or partner.	40. The petitioner swears that the child is not a child of the petitioner and is not a child of the petitioner's spouse or partner.
41. Adopter's Name and Address	42. Adopter's Name and Address	43. Adopter's Name and Address	44. Adopter's Name and Address
45. Date of Birth (mm/dd/yyyy)	46. Birthplace (State or Foreign country)	47. Sex	48. Race - Specify (American Indian, Black, White, etc.)
49. City/Town of Birth	50. County of Birth	51. State of Birth	52. Date of Birth (mm/dd/yyyy)
53. Birthplace (State or Foreign country)	54. Sex	55. Race - Specify (American Indian, Black, White, etc.)	56. Date of Birth (mm/dd/yyyy)
57. City/Town of Birth	58. County of Birth	59. State of Birth	60. Date of Birth (mm/dd/yyyy)
61. Birthplace (State or Foreign country)	62. Sex	63. Race - Specify (American Indian, Black, White, etc.)	64. Date of Birth (mm/dd/yyyy)
65. City/Town of Birth	66. County of Birth	67. State of Birth	68. Date of Birth (mm/dd/yyyy)
69. Birthplace (State or Foreign country)	70. Sex	71. Race - Specify (American Indian, Black, White, etc.)	72. Date of Birth (mm/dd/yyyy)
73. City/Town of Birth	74. County of Birth	75. State of Birth	76. Date of Birth (mm/dd/yyyy)
77. Birthplace (State or Foreign country)	78. Sex	79. Race - Specify (American Indian, Black, White, etc.)	80. Date of Birth (mm/dd/yyyy)
81. City/Town of Birth	82. County of Birth	83. State of Birth	84. Date of Birth (mm/dd/yyyy)
85. Birthplace (State or Foreign country)	86. Sex	87. Race - Specify (American Indian, Black, White, etc.)	88. Date of Birth (mm/dd/yyyy)
89. City/Town of Birth	90. County of Birth	91. State of Birth	92. Date of Birth (mm/dd/yyyy)
93. Birthplace (State or Foreign country)	94. Sex	95. Race - Specify (American Indian, Black, White, etc.)	96. Date of Birth (mm/dd/yyyy)
97. City/Town of Birth	98. County of Birth	99. State of Birth	100. Date of Birth (mm/dd/yyyy)
101. Birthplace (State or Foreign country)	102. Sex	103. Race - Specify (American Indian, Black, White, etc.)	104. Date of Birth (mm/dd/yyyy)
105. City/Town of Birth	106. County of Birth	107. State of Birth	108. Date of Birth (mm/dd/yyyy)
109. Birthplace (State or Foreign country)	110. Sex	111. Race - Specify (American Indian, Black, White, etc.)	112. Date of Birth (mm/dd/yyyy)
113. City/Town of Birth	114. County of Birth	115. State of Birth	116. Date of Birth (mm/dd/yyyy)
117. Birthplace (State or Foreign country)	118. Sex	119. Race - Specify (American Indian, Black, White, etc.)	120. Date of Birth (mm/dd/yyyy)
121. City/Town of Birth	122. County of Birth	123. State of Birth	124. Date of Birth (mm/dd/yyyy)
125. Birthplace (State or Foreign country)	126. Sex	127. Race - Specify (American Indian, Black, White, etc.)	128. Date of Birth (mm/dd/yyyy)
129. City/Town of Birth	130. County of Birth	131. State of Birth	132. Date of Birth (mm/dd/yyyy)
133. Birthplace (State or Foreign country)	134. Sex	135. Race - Specify (American Indian, Black, White, etc.)	136. Date of Birth (mm/dd/yyyy)
137. City/Town of Birth	138. County of Birth	139. State of Birth	140. Date of Birth (mm/dd/yyyy)
141. Birthplace (State or Foreign country)	142. Sex	143. Race - Specify (American Indian, Black, White, etc.)	144. Date of Birth (mm/dd/yyyy)
145. City/Town of Birth	146. County of Birth	147. State of Birth	148. Date of Birth (mm/dd/yyyy)
149. Birthplace (State or Foreign country)	150. Sex	151. Race - Specify (American Indian, Black, White, etc.)	152. Date of Birth (mm/dd/yyyy)
153. City/Town of Birth	154. County of Birth	155. State of Birth	156. Date of Birth (mm/dd/yyyy)
157. Birthplace (State or Foreign country)	158. Sex	159. Race - Specify (American Indian, Black, White, etc.)	160. Date of Birth (mm/dd/yyyy)
161. City/Town of Birth	162. County of Birth	163. State of Birth	164. Date of Birth (mm/dd/yyyy)
165. Birthplace (State or Foreign country)	166. Sex	167. Race - Specify (American Indian, Black, White, etc.)	168. Date of Birth (mm/dd/yyyy)
169. City/Town of Birth	170. County of Birth	171. State of Birth	172. Date of Birth (mm/dd/yyyy)
173. Birthplace (State or Foreign country)	174. Sex	175. Race - Specify (American Indian, Black, White, etc.)	176. Date of Birth (mm/dd/yyyy)
177. City/Town of Birth	178. County of Birth	179. State of Birth	180. Date of Birth (mm/dd/yyyy)
181. Birthplace (State or Foreign country)	182. Sex	183. Race - Specify (American Indian, Black, White, etc.)	184. Date of Birth (mm/dd/yyyy)
185. City/Town of Birth	186. County of Birth	187. State of Birth	188. Date of Birth (mm/dd/yyyy)
189. Birthplace (State or Foreign country)	190. Sex	191. Race - Specify (American Indian, Black, White, etc.)	192. Date of Birth (mm/dd/yyyy)
193. City/Town of Birth	194. County of Birth	195. State of Birth	196. Date of Birth (mm/dd/yyyy)
197. Birthplace (State or Foreign country)	198. Sex	199. Race - Specify (American Indian, Black, White, etc.)	200. Date of Birth (mm/dd/yyyy)
201. City/Town of Birth	202. County of Birth	203. State of Birth	204. Date of Birth (mm/dd/yyyy)
205. Birthplace (State or Foreign country)	206. Sex	207. Race - Specify (American Indian, Black, White, etc.)	208. Date of Birth (mm/dd/yyyy)
209. City/Town of Birth	210. County of Birth	211. State of Birth	212. Date of Birth (mm/dd/yyyy)
213. Birthplace (State or Foreign country)	214. Sex	215. Race - Specify (American Indian, Black, White, etc.)	216. Date of Birth (mm/dd/yyyy)
217. City/Town of Birth	218. County of Birth	219. State of Birth	220. Date of Birth (mm/dd/yyyy)
221. Birthplace (State or Foreign country)	222. Sex	223. Race - Specify (American Indian, Black, White, etc.)	224. Date of Birth (mm/dd/yyyy)
225. City/Town of Birth	226. County of Birth	227. State of Birth	228. Date of Birth (mm/dd/yyyy)
229. Birthplace (State or Foreign country)	230. Sex	231. Race - Specify (American Indian, Black, White, etc.)	232. Date of Birth (mm/dd/yyyy)
233. City/Town of Birth	234. County of Birth	235. State of Birth	236. Date of Birth (mm/dd/yyyy)
237. Birthplace (State or Foreign country)	238. Sex	239. Race - Specify (American Indian, Black, White, etc.)	240. Date of Birth (mm/dd/yyyy)
241. City/Town of Birth	242. County of Birth	243. State of Birth	244. Date of Birth (mm/dd/yyyy)
245. Birthplace (State or Foreign country)	246. Sex	247. Race - Specify (American Indian, Black, White, etc.)	248. Date of Birth (mm/dd/yyyy)
249. City/Town of Birth	250. County of Birth	251. State of Birth	252. Date of Birth (mm/dd/yyyy)
253. Birthplace (State or Foreign country)	254. Sex	255. Race - Specify (American Indian, Black, White, etc.)	256. Date of Birth (mm/dd/yyyy)
257. City/Town of Birth	258. County of Birth	259. State of Birth	260. Date of Birth (mm/dd/yyyy)
261. Birthplace (State or Foreign country)	262. Sex	263. Race - Specify (American Indian, Black, White, etc.)	264. Date of Birth (mm/dd/yyyy)
265. City/Town of Birth	266. County of Birth	267. State of Birth	268. Date of Birth (mm/dd/yyyy)
269. Birthplace (State or Foreign country)	270. Sex	271. Race - Specify (American Indian, Black, White, etc.)	272. Date of Birth (mm/dd/yyyy)
273. City/Town of Birth	274. County of Birth	275. State of Birth	276. Date of Birth (mm/dd/yyyy)
277. Birthplace (State or Foreign country)	278. Sex	279. Race - Specify (American Indian, Black, White, etc.)	280. Date of Birth (mm/dd/yyyy)
281. City/Town of Birth	282. County of Birth	283. State of Birth	284. Date of Birth (mm/dd/yyyy)
285. Birthplace (State or Foreign country)	286. Sex	287. Race - Specify (American Indian, Black, White, etc.)	288. Date of Birth (mm/dd/yyyy)
289. City/Town of Birth	290. County of Birth	291. State of Birth	292. Date of Birth (mm/dd/yyyy)
293. Birthplace (State or Foreign country)	294. Sex	295. Race - Specify (American Indian, Black, White, etc.)	296. Date of Birth (mm/dd/yyyy)
297. City/Town of Birth	298. County of Birth	299. State of Birth	300. Date of Birth (mm/dd/yyyy)
301. Birthplace (State or Foreign country)	302. Sex	303. Race - Specify (American Indian, Black, White, etc.)	304. Date of Birth (mm/dd/yyyy)
305. City/Town of Birth	306. County of Birth	307. State of Birth	308. Date of Birth (mm/dd/yyyy)
309. Birthplace (State or Foreign country)	310. Sex	311. Race - Specify (American Indian, Black, White, etc.)	312. Date of Birth (mm/dd/yyyy)
313. City/Town of Birth	314. County of Birth	315. State of Birth	316. Date of Birth (mm/dd/yyyy)
317. Birthplace (State or Foreign country)	318. Sex	319. Race - Specify (American Indian, Black, White, etc.)	320. Date of Birth (mm/dd/yyyy)
321. City/Town of Birth	322. County of Birth	323. State of Birth	324. Date of Birth (mm/dd/yyyy)
325. Birthplace (State or Foreign country)	326. Sex	327. Race - Specify (American Indian, Black, White, etc.)	328. Date of Birth (mm/dd/yyyy)
329. City/Town of Birth	330. County of Birth	331. State of Birth	332. Date of Birth (mm/dd/yyyy)
333. Birthplace (State or Foreign country)	334. Sex	335. Race - Specify (American Indian, Black, White, etc.)	336. Date of Birth (mm/dd/yyyy)
337. City/Town of Birth	338. County of Birth	339. State of Birth	340. Date of Birth (mm/dd/yyyy)
341. Birthplace (State or Foreign country)	342. Sex	343. Race - Specify (American Indian, Black, White, etc.)	344. Date of Birth (mm/dd/yyyy)
345. City/Town of Birth	346. County of Birth	347. State of Birth	348. Date of Birth (mm/dd/yyyy)
349. Birthplace (State or Foreign country)	350. Sex	351. Race - Specify (American Indian, Black, White, etc.)	352. Date of Birth (mm/dd/yyyy)
353. City/Town of Birth	354. County of Birth	355. State of Birth	356. Date of Birth (mm/dd/yyyy)
357. Birthplace (State or Foreign country)	358. Sex	359. Race - Specify (American Indian, Black, White, etc.)	360. Date of Birth (mm/dd/yyyy)
361. City/Town of Birth	362. County of Birth	363. State of Birth	364. Date of Birth (mm/dd/yyyy)
365. Birthplace (State or Foreign country)	366. Sex	367. Race - Specify (American Indian, Black, White, etc.)	368. Date of Birth (mm/dd/yyyy)
369. City/Town of Birth	370. County of Birth	371. State of Birth	372. Date of Birth (mm/dd/yyyy)
373. Birthplace (State or Foreign country)	374. Sex	375. Race - Specify (American Indian, Black, White, etc.)	376. Date of Birth (mm/dd/yyyy)
377. City/Town of Birth	378. County of Birth	379. State of Birth	380. Date of Birth (mm/dd/yyyy)
381. Birthplace (State or Foreign country)	382. Sex	383. Race - Specify (American Indian, Black, White, etc.)	384. Date of Birth (mm/dd/yyyy)
385. City/Town of Birth	386. County of Birth	387. State of Birth	388. Date of Birth (mm/dd/yyyy)
389. Birthplace (State or Foreign country)	390. Sex	391. Race - Specify (American Indian, Black, White, etc.)	392. Date of Birth (mm/dd/yyyy)
393. City/Town of Birth	394. County of Birth	395. State of Birth	396. Date of Birth (mm/dd/yyyy)
397. Birthplace (State or Foreign country)	398. Sex	399. Race - Specify (American Indian, Black, White, etc.)	400. Date of Birth (mm/dd/yyyy)
401. City/Town of Birth	402. County of Birth	403. State of Birth	404. Date of Birth (mm/dd/yyyy)
405. Birthplace (State or Foreign country)	406. Sex	407. Race - Specify (American Indian, Black, White, etc.)	408. Date of Birth (mm/dd/yyyy)
409. City/Town of Birth	410. County of Birth	411. State of Birth	412. Date of Birth (mm/dd/yyyy)
413. Birthplace (State or Foreign country)	414. Sex	415. Race - Specify (American Indian, Black, White, etc.)	416. Date of Birth (mm/dd/yyyy)
417. City/Town of Birth	418. County of Birth	419. State of Birth	420. Date of Birth (mm/dd/yyyy)
421. Birthplace (State or Foreign country)	422. Sex	423. Race - Specify (American Indian, Black, White, etc.)	424. Date of Birth (mm/dd/yyyy)
425. City/Town of Birth	426. County of Birth	427. State of Birth	428. Date of Birth (mm/dd/yyyy)
429. Birthplace (State or Foreign country)	430. Sex	431. Race - Specify (American Indian, Black, White, etc.)	432. Date of Birth (mm/dd/yyyy)
433. City/Town of Birth	434. County of Birth	435. State of Birth	436. Date of Birth (mm/dd/yyyy)
437. Birthplace (State or Foreign country)	438. Sex	439. Race - Specify (American Indian, Black, White, etc.)	440. Date of Birth (mm/dd/yyyy)
441. City/Town of Birth	442. County of Birth	443. State of Birth	444. Date of Birth (mm/dd/yyyy)
445. Birthplace (State or Foreign country)	446. Sex	447. Race - Specify (American Indian, Black, White, etc.)	448. Date of Birth (mm/dd/yyyy)
449. City/Town of Birth	450. County of Birth	451. State of Birth	452. Date of Birth (mm/dd/yyyy)
453. Birthplace (State or Foreign country)	454. Sex	455. Race - Specify (American Indian, Black, White, etc.)	456. Date of Birth (mm/dd/yyyy)
457. City/Town of Birth	458. County of Birth	459. State of Birth	460. Date of Birth (mm/dd/yyyy)
461. Birthplace (State or Foreign country)	462. Sex	463. Race - Specify (American Indian, Black, White, etc.)	464. Date of Birth (mm/dd/yyyy)
465. City/Town of Birth	466. County of Birth	467. State of Birth	468. Date of Birth (mm/dd/yyyy)
469. Birthplace (State or Foreign country)	470. Sex	471. Race - Specify (American Indian, Black, White, etc.)	472. Date of Birth (mm/dd/yyyy)
473. City/Town of Birth	474. County of Birth	475. State of Birth	476. Date of Birth (mm/dd/yyyy)
477. Birthplace (State or Foreign country)	478. Sex	479. Race - Specify (American Indian, Black, White, etc.)	480. Date of Birth (mm/dd/yyyy)
481. City/Town of Birth	482. County of Birth	483. State of Birth	484. Date of Birth (mm/dd/yyyy)
485. Birthplace (State or Foreign country)	486. Sex	487. Race - Specify (American Indian, Black, White, etc.)	488. Date of Birth (mm/dd/yyyy)
489. City/Town of Birth	490. County of Birth	491. State of Birth	492. Date of Birth (mm/dd/yyyy)
493. Birthplace (State or Foreign country)	494. Sex	495. Race - Specify (American Indian, Black, White, etc.)	496. Date of Birth (mm/dd/yyyy)
497. City/Town of Birth	498. County of Birth	499. State of Birth	500. Date of Birth (mm/dd/yyyy)

- The adoption of a child is handled through the courts. Once DRVS receives the court order or (VS-9), the original record on file will be sealed and the record after adoption becomes the child's legal birth certificate for the remaining of their life.




PAGE 16

The court will send the \$60 fee associated with the cost of the replacement record after adoption which includes a copy of the birth record after adoption. The adoptive parents may choose to change the child's name or keep the original name and whether the record itself will show any annotations.

Adoptions to records from September of 1995 to present will be made in the DAVE system and the original record in DAVE will be sealed. Municipal clerks will not receive notification when an adoption occurs.

Adoptions to records prior to September of 1995 will be made by typing a replacement record which will be sent to the place of birth and mother's resident municipality. Instructions for retrieval of the original record prior to adoption will be included. Ledger books containing the original birth record must be marked sealed to avoid the issuance of any information of the original record.

Legitimation

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

State Center for Disease Control and Prevention (SDC)
200 North Dearborn
Chicago, Illinois 60610
Phone: (312) 835-8000
Fax: (312) 835-8000
Web: www.sdc.state.il.us

Application for an Amended Birth Record Following Legitimation Affidavit

We (Parent(s)) _____ of (City/Town) _____
do hereby declare that this child (Child's name) _____ was born out of
wedlock on the _____ day of _____ A.D. (year) _____ at City/Town _____ We
further declare that we make this Affidavit to acknowledge paternity of said child. We, therefore,
respectfully request a new birth certificate be prepared for said child, which shows that he/she is
our legitimate child.

New Personal Data of Father/Parent for Record (Print or type)

Child's Full Name to be _____
Father/Parent Full Name _____
Father/Parent Race _____ Father/Parent Date of Birth _____
Father/Parent Birthplace _____
Current Mailing Address _____
Father/Parent Signature _____
Mother/Parent Signature _____
Subscribed and sworn before me this _____ day of _____ A.D. 20____
Signature _____ Title _____
(Notary Public/Municipal Clerk)

Do Not Write Below This Line - (State Registrar's Use Only)

Date Approved _____ Date Mailed _____

Form Approved Under 42 CFR 2.101

Parents who were not married at the time of their child's birth who later get married to each other after may apply for a Legitimation with DRVS.

Parents must complete the VS8 form, have their signatures notarized and provide a certified copy of their marriage certificate. This process changes the mother's marital status from single to married and allows the parents to change the name of the child. The fee is \$60.00 and includes a certified copy of the new birth record after legitimation.

The old record is sealed, and a new record is created. This process is similar to the adoption process for the creation and retrieval of the record prior to legitimation.

Presumption of Parentage

- A person is presumed to be the parent of a child if:
 - The person and the woman giving birth to the child are married to each other and the child is born during the marriage;
 - The person and the woman giving birth to the child were married to each other and the child is born within 300 days after the marriage is terminated by death, annulment, divorce or declaration of invalidity or after a decree of separation; or
 - Before the birth of the child, the person and the woman giving birth to the child married each other in apparent compliance with law, even if the attempted marriage is or could be declared invalid, and the child is born during the invalid marriage or within 300 days after its termination by death, annulment, divorce or declaration of invalidity or after a decree of separation.
- Nonmarital presumption established. A person is presumed to be a parent of a child if the person resided in the same household with the child and openly held out the child as that person's own from the time the child was born or adopted and for a period of at least 2 years thereafter and assumed personal, financial or custodial responsibilities for the child.



Equivalent status in other jurisdictions. The marital presumption applies to a legal relationship that provides substantially the same rights, benefits and responsibilities as marriage and is recognized as valid in the state or jurisdiction in which it was entered.

A presumption may be rebutted only by a court determination

Acknowledgment of Parentage

<https://legislature.maine.gov/statutes/19-A/title19-Asec1861-2.html>

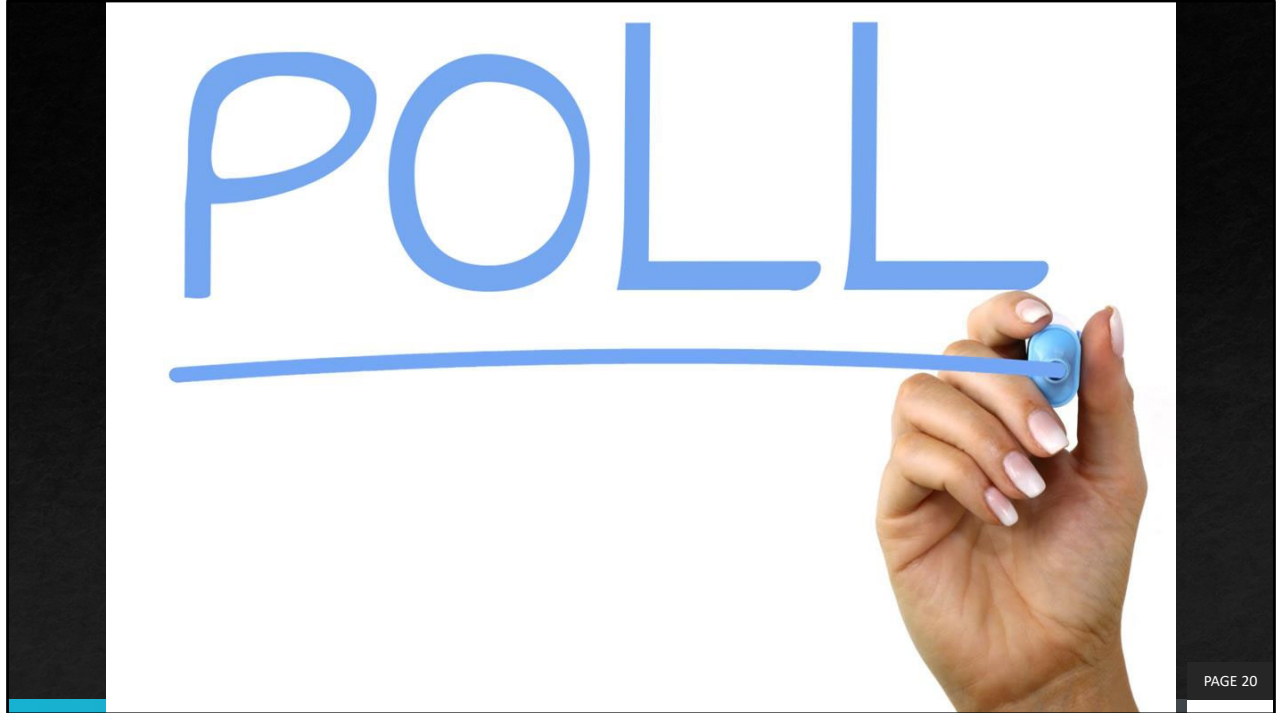
The following persons may sign an acknowledgment of parentage to establish parentage of a child:

- Woman who gave birth. A woman who gave birth to the child and who is not a gestational carrier;
- Alleged genetic parent. A person who is the alleged genetic parent of the child and who is not a donor;
- Presumed parent. A presumed parent of the child, except that a presumed parent may not submit an acknowledgment of parentage for at least 2 years from the time the child was born or adopted; and
- Intended parent. An intended parent of the child.

▪ <https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>

Let's pull up the form from DRVS to discuss to completion of the form, the municipal clerk's role and process and the process for the Denial of Parentage form.

PAGE 19



Please use the
Q & A box to
ask any
questions.
Thank you!



PAGE
21