

Data, Research, and Vital Statistics (DRVS)

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IMPORTANCE OF BIRTH REGISTRATION

A birth record is a statement of facts concerning an individual. It is a permanent legal record. Throughout life, a person uses his or her birth certificate to prove age, parentage, and citizenship. Birth certificates are needed for entrance to school; voter registration; obtaining a driver's license, marriage license, passport, veterans' benefits, welfare aid, or social security benefits; and many other purposes.



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Society would be greatly mis served if the birth certificate was used only for legal purposes. Annual vital statistics are compiled on the number and rate of births by characteristics such as place of birth, place of residence of mother, age of mother plurality, and birth weight. Population composition and growth are estimated using the data. Educational systems and institutions, government agencies, and private industry find this information essential in planning and evaluating programs in public health and other important areas. The medical and health information on the birth certificate can be used to study the conditions that may lead to infant death. This information also helps in establishing programs to address the problems associated with infant death.

The Work You Do is **VITAL**

For the individual:

- The birth certificate is the most important document used to establish an individual's identity.

For the family:

- It allows the parents to establish the child's identity, claim a range of benefits like tax credits and health care.

For public health partners:

- It helps identify trends and indicators of health, which can assist in policy development, funding, and research.



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DUTIES OF THE DEPARTMENT

<http://www.mainelegislature.org/legis/statutes/22/title22sec2701.html>

The state registrar shall prescribe and furnish forms and issue instructions necessary to the administration of the vital statistics system or prescribe other means of transmission of data that accomplishes the purpose of complete and accurate reporting and registration.

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Most birth records are registered within 7-10 days following the date of birth.

DUTIES OF MUNICIPAL CLERK

<http://www.mainelegislature.org/legis/statutes/22/title22sec2702.html>



- Municipal clerks perform vital record activities under the direction and supervision of the Department and under the same laws and regulations.
- Birth certificates and reports must be filed in the municipality where the birth occurred and where the mother resided (if a resident of Maine at the time of birth).
- The municipal clerk transmits the records to the Department, maintains records, makes reports, and performs other duties as required by the State Registrar.

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The clerk of each municipality in this State must keep a chronological record of all live births reported to the municipal clerk. If you feel you should have a birth record on file in your municipality, please complete and fax the verification form provided on DRVS website at <https://www.mainegov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/medical-certifiers.html>. If your city/town is entitled to the record, DRVS will send an attested copy via mail. Faxed or secured e-mail are done upon approval of the State Registrar on a case by case basis.

ELECTRONIC BIRTH REGISTRATION SYSTEM (EBRS)

<http://www.mainelegislature.org/legis/statutes/22/title22sec2761.html>

- Records of birth from September of 1995 to present are filed and registered in the electronic system approved and prescribed by the Department, known as the Electronic Birth Registration System (EBRS).
- All birth records for September of 1995 to present must be issued from the system. Any corrections or completions to birth records during this time period must be done electronically. Municipal clerks will not receive notification when a correction or completion has been done electronically; although the status bar on the birth case will indicate that an “amendment exists”.
- Instructions of how to issue a vital record from the EBRS may be found on the Department’s website at:
<https://www.maine.gov/dhhs/mecdc/public-health-systems/data-research/vital-records/edrs/medical-certifiers.html>

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Please remember, only the city/town where the birth occurred and where the mother resided at the time of birth (if a Maine resident) may issue a birth record to an entitled individual upon application, identification, proof of lineage or the direct and legitimate interest in the record with the required fee.

PAPER-BASED BIRTHS RECORDS

- Birth records from 1892 to September of 1995 must be issued by copying the original record, when possible.
- If the birth record is in a ledger book or is not legible, a birth abstract (VS-10) may be prepared. The VS-10, birth abstract is form fillable and may be found in EBRS under “Forms, Print Forms”.
- Birth records prior to 1892 must be issued as a non-certified copy or on Department letterhead.

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Please remember, when issuing a non-certified copy of any vital record the record be marked “not to be used as a legal document”. Also, municipal clerks should not allow individuals to file vital records where the event took place in another State or Country. The city or town where the event occurred and where the mother resided are the only legal authorities to issue that record.

DUTIES OF HOSPITAL/INSTITUTION

Any establishment (public or private) which provides inpatient or outpatient birthing services has the overall responsibility for obtaining the personal data, preparing the certificate or report, securing the required signatures, and filing the certificate or report in the Electronic Birth Registration System (EBRS) within two days (24 hours) after the birth has occurred.

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In the State of Maine, the hospital administrator is authorized under certain circumstances to certify to the facts of birth. The health care provider is generally responsible for completing the medical and health information and certifying to the date, time, and place of birth.

DUTIES OF HOSPITAL/INSTITUTION

- Develop efficient procedures for prompt preparation, signing, and filing of certificates and reports.
- Collect and record the information about the parent(s) and the medical data required on the birth certificate.
- The medical information should be obtained from the obstetric and pediatric record.
- Prepare a correct and legible certificate or report, making certain that every item is completed.
- Secure all necessary signatures on the certificate.
- File the certificates and reports in the Electronic Birth Registrations System (EBRS) within the time specified in Department rule.
- Cooperate with State or local registrars concerning queries on certificate entries.
- Assist parent(s) of children born in the hospital by completing any forms or statements needed to correct errors in the original certificates.
- Provide a system for preparing and filing a birth certificate for an infant born en route to the hospital.
- Contact DRVS for advice and assistance when necessary. Jessica Raven may be reached at (207) 287-5452 or Jessica.Raven@maine.gov

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Hospital personnel must assemble and record the medical and personal data to be entered on the birth certificate. Necessary procedures usually cut across departmental lines. This, combined with the current emphasis on reducing the length of stay in hospitals, makes it extremely important for one or more hospital staff member to be given the overall responsibility and authority to request and obtain the cooperation needed.

BIRTH REGISTRATION FORMS



- Parent Worksheet (*HCP_VS1C*)
- Medical Worksheet (*HCP_VSID*)
- Acknowledgement of Paternity (AOP)- as needed

(All forms are available in the EBRS under the Forms/Print Forms tab.)

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The forms are standardized so that all information is collected the same way for all births in Maine and in the US. Show where to find the forms in DAVE?

Parent Worksheet for Birth Certificate

Information on the Parent Worksheet includes:

- Child's information
 - Parent(s) address and demographics
 - Legal relationship of the parents
 - Mother's health
 - Prenatal information
 - Social Security Number authorization
 - Gender Marker Field **NEW**

NEW

<p>Mass. Dept. of Health Division of Public Health Services Office of Vital Statistics</p>	<p>Mass. Center for Disease Control and Prevention (MCDC) 220 Capitol Street 11th Floor, Room 1101 Augusta, Maine 04330-0011 (207) 287-1083</p>	<p>NOTE: The worksheets are set up to reflect the data entry process in DAVE</p>	
<p>State of Maine Printed Worksheet for Birth Certificate</p>			
<p>Instructions: Please print plainly with ink. Every item should be carefully completed. The services' birth certificate will be prepared from the information on the form. Changes or corrections to the certificate will require a legal procedure. The parent or other authorized signer should sign the worksheet.</p>			
<p>1. Child's First Name _____</p>	<p>2. Middle Name _____</p>	<p>3. Last Name _____</p>	<p>4. Telephone No. _____</p>
<p>5. Do you want a social security number for this new baby? (The information of applying for a social security number in both states that will be sent to the Social Security Administration before the birth date will appear on forms issued by the Social Security Administration.)</p> <p>Yes _____ No _____</p> <p>6. Where the mother resided at the time of delivery: residence, address, and date of birth on the Social Security Application: _____ Yes _____ No _____</p>			
<p>7. Mother's Present Home _____</p>			
<p>8. Middle Name (use first in last name) _____</p>			
<p>9. Date of Birth (month-day-year) _____</p>			
<p>10. Sex _____</p>			
<p>11. Birthplace (Name of City, town, city, state, zip, county) _____</p>			
<p>12. Birthplace (Name of City, town, city, state, zip, county) _____</p>			
<p>13. Mother's Present Address: (Street, city, town, zip, county) _____</p>			
<p>14. Father's Present Address: (Street, city, town, zip, county) _____</p>			
<p>15. Mother's Present Phone Number: _____</p>			
<p>16. Father's Present Phone Number: _____</p>			
<p>17. Education: Type of degree, check the highest level of education:</p> <p><input type="checkbox"/> Grade School _____ <input type="checkbox"/> High School _____</p> <p><input type="checkbox"/> GED _____ <input type="checkbox"/> College _____</p> <p><input type="checkbox"/> 12th Grade _____ <input type="checkbox"/> Post Graduate _____</p> <p><input type="checkbox"/> High School Graduate or GED _____ <input type="checkbox"/> Bachelor's Degree _____</p> <p><input type="checkbox"/> Associate _____ <input type="checkbox"/> Doctorate _____</p>			
<p>18. Employment: Check the highest level of employment:</p> <p><input type="checkbox"/> Unemployed _____ <input type="checkbox"/> Homemaker _____</p> <p><input type="checkbox"/> Part-time _____ <input type="checkbox"/> Full-time _____</p> <p><input type="checkbox"/> Other _____</p>			
<p>If no response: (Address, city, town, zip, county) _____</p>			
<p>19. Race: _____</p>			
<p><input type="checkbox"/> Black _____ <input type="checkbox"/> White _____ <input type="checkbox"/> American Indian _____</p>			
<p><input type="checkbox"/> Black or African American _____ <input type="checkbox"/> Asian _____ <input type="checkbox"/> American Indian or Alaska Native (Specify): _____</p>			
<p><input type="checkbox"/> Hispanic _____ <input type="checkbox"/> Latino _____ <input type="checkbox"/> Other (Specify): _____</p>			
<p><input type="checkbox"/> Asian _____ <input type="checkbox"/> Chinese _____ <input type="checkbox"/> Vietnamese _____ <input type="checkbox"/> Other Asian (Specify): _____</p>			
<p><input type="checkbox"/> Hispanic _____ <input type="checkbox"/> Dominican or Cuban _____ <input type="checkbox"/> Other Hispanic (Specify): _____</p>			
<p><input type="checkbox"/> Other (Specify): _____</p>			
<p><input type="checkbox"/> I do not know _____ <input type="checkbox"/> Unknown _____</p>			
<p><input type="checkbox"/> Both _____</p>			

NOTE: The worksheets are set up to reflect the data entry process in DAVE

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- The parent worksheet is **completed by the parent(s)** at the time of birth
 - Provides information for their child's legal birth certificate
 - Information from the Parent Worksheet is entered electronically in DAVE
 - Current version of the Parent Worksheet (*HCP_VS1C*) is available in DAVE/Forms/Print Forms

Entering Gender Options on the Parent Worksheet and in DAVE

Parent Worksheet

- Bottom of page 2
- Questions 43 to 47
- If a gender option is NOT selected, this section is left blank
- Both parents MUST sign if gender is “X”

43. Gender Markers on Birth Records. At the time the birth record is created, the parent(s) may opt for an X designation for sex on the child's birth certificate. The parent(s) listed on the birth certificate must demonstrate mutual consent by signing the birth worksheet below.

IF YOU DO NOT OPT FOR A GENDER DESIGNATION DIFFERENT FROM THE CHILD'S BIOLOGICAL SEX, PLEASE STOP HERE.

Please check the box below and complete items 44 through 47 to opt for an X designation for sex on the child's birth certificate.

"X" (marker includes nonbinary, intersex and unspecified)

44. Mother/Parent Signature 45. Date Signed (mm dd yyyy) 46. Father/Parent Signature 47. Date Signed (mm dd yyyy)

The requirement that both parents sign the birth worksheet may be waived upon a showing of good cause made to the State Registrar in writing. Good cause may be established by demonstrating that the other parent is deceased, cannot be located, or has abandoned the child as evidenced by legal documentation showing the applicant has sole parental rights and responsibilities (19-A §1501), or is otherwise unable to provide a signature. If the State Registrar is satisfied that good cause has been shown, then the birth record may reflect nonbinary X as the gender marker without the absent parent's signature.

In DAVE

Section: Child

Child

Child's Name
No Given Name

First Middle Other Middle Last Suffix

Date of Birth Time of Birth Sex This field will now report GENDER

Request SSN for Child Sex (Biological) This field will now report BIOLOGICAL SEX

Validate Page Next Clear Save Return

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Medical Worksheet for Birth Certificate

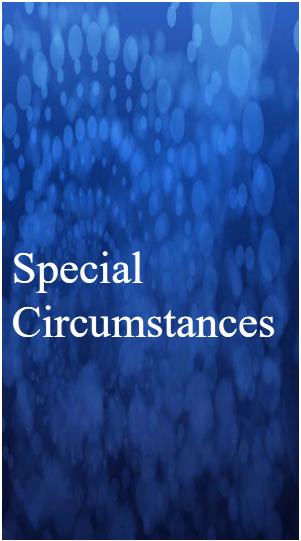
- Medical and health information for the mother
- Prenatal information
- Pregnancy factors
- Labor and Delivery information
- Newborn factors
- Hearing screening
- Immunizations
- COVID-19 status of mother: positive or suspected positive

NEW

Maine Department of Health and Human Services Main Center for Disease Control and Prevention State House Station Augusta, Maine 04330-0001 Tel: (207) 287-5586; Fax: (207) 287-5582 TTY: Dial 711 (Maine Relay Fax: (207) 287-5583)											
State of Maine Medical Worksheet for Birth Certificate											
Mother's Medical Record Number: _____ Case Number: _____											
1. Child's Name (first, middle, last, suffix) 2. Date of Birth 3. Time of Birth (AM or PM) 4. Military 5. Unknown 6. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female 7. Place of Birth: <input type="checkbox"/> Hospital Unplanned <input type="checkbox"/> Hospital Unknown if Planned/House Birth <input type="checkbox"/> Free-standing Birthing Center <input type="checkbox"/> Home Birth Unplanned/Planned <input type="checkbox"/> Other <input type="checkbox"/> Home Birth Planned <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Unknown											
8. Facility Name (if not an institution give street number, street name, city, state and zip code) 9. Facility NPI Number 10. Facility Address 11. Mother/Paren Current Legal Name (first, middle, last, suffix) 12. Mother/Paren Height (feet, inches) 13. Mother/Paren Pre-Pregnancy Weight (pounds) 14. Mother/Paren Age (years) 15. Mother/Paren Ethnicity (check all that apply) 16. Mother/Paren Race (check all that apply) 17. Mother/Paren Marital Status (check all that apply) 18. Mother/Paren Education Level (check all that apply) 19. Mother/Paren Employment Status (check all that apply) 20. Mother/Paren Income Status (check all that apply) 21. Mother/Paren Household Size (check all that apply) 22. Mother/Paren Health Insurance Status (check all that apply) 23. Mother/Paren Health Insurance Type (check all that apply) 24. Mother/Paren Health Insurance Company (check all that apply) 25. Mother/Paren Health Insurance Policy Number (check all that apply) 26. Mother/Paren Health Insurance Group Number (check all that apply) 27. Mother/Paren Health Insurance Plan ID (check all that apply) 28. Mother/Paren Health Insurance Plan Name (check all that apply) 29. Mother/Paren Health Insurance Plan Address (check all that apply) 30. Mother/Paren Health Insurance Plan City (check all that apply) 31. Mother/Paren Health Insurance Plan State (check all that apply) 32. Mother/Paren Health Insurance Plan Zip (check all that apply) 33. Mother/Paren Health Insurance Plan Phone (check all that apply) 34. Mother/Paren Health Insurance Plan Fax (check all that apply) 35. Mother/Paren Health Insurance Plan Email (check all that apply) 36. Mother/Paren Health Insurance Plan Web Address (check all that apply) 37. Mother/Paren Health Insurance Plan Name (check all that apply) 38. Mother/Paren Health Insurance Plan Address (check all that apply) 39. Mother/Paren Health Insurance Plan City (check all that apply) 40. Mother/Paren Health Insurance Plan State (check all that apply) 41. Mother/Paren Health Insurance Plan Zip (check all that apply) 42. Mother/Paren Health Insurance Plan Phone (check all that apply) 43. Mother/Paren Health Insurance Plan Fax (check all that apply) 44. Mother/Paren Health Insurance Plan Email (check all that apply) 45. Mother/Paren Health Insurance Plan Web Address (check all that apply) 46. Mother/Paren Health Insurance Plan Name (check all that apply) 47. Mother/Paren Health Insurance Plan Address (check all that apply) 48. Mother/Paren Health Insurance Plan City (check all that apply) 49. Mother/Paren Health Insurance Plan State (check all that apply) 50. Mother/Paren Health Insurance Plan Zip (check all that apply) 51. Mother/Paren Health Insurance Plan Phone (check all that apply) 52. Mother/Paren Health Insurance Plan Fax (check all that apply) 53. Mother/Paren Health Insurance Plan Email (check all that apply) 54. Mother/Paren Health Insurance Plan Web Address (check all that apply) 55. Mother/Paren Health Insurance Plan Name (check all that apply) 56. Mother/Paren Health Insurance Plan Address (check all that apply) 57. Mother/Paren Health Insurance Plan City (check all that apply) 58. Mother/Paren Health Insurance Plan State (check all that apply) 59. Mother/Paren Health Insurance Plan Zip (check all that apply) 60. Mother/Paren Health Insurance Plan Phone (check all that apply) 61. Mother/Paren Health Insurance Plan Fax (check all that apply) 62. Mother/Paren Health Insurance Plan Email (check all that apply) 63. Mother/Paren Health Insurance Plan Web Address (check all that apply) 64. Mother/Paren Health Insurance Plan Name (check all that apply) 65. Mother/Paren Health Insurance Plan Address (check all that apply) 66. Mother/Paren Health Insurance Plan City (check all that apply) 67. Mother/Paren Health Insurance Plan State (check all that apply) 68. Mother/Paren Health Insurance Plan Zip (check all that apply) 69. Mother/Paren Health Insurance Plan Phone (check all that apply) 70. Mother/Paren Health Insurance Plan Fax (check all that apply) 71. Mother/Paren Health Insurance Plan Email (check all that apply) 72. Mother/Paren Health Insurance Plan Web Address (check all that apply) 73. Mother/Paren Health Insurance Plan Name (check all that apply) 74. Mother/Paren Health Insurance Plan Address (check all that apply) 75. Mother/Paren Health Insurance Plan City (check all that apply) 76. Mother/Paren Health Insurance Plan State (check all that apply) 77. Mother/Paren Health Insurance Plan Zip (check all that apply) 78. Mother/Paren Health Insurance Plan Phone (check all that apply) 79. Mother/Paren Health Insurance Plan Fax (check all that apply) 80. Mother/Paren Health Insurance Plan Email (check all that apply) 81. Mother/Paren Health Insurance Plan Web Address (check all that apply) 82. Mother/Paren Health Insurance Plan Name (check all that apply) 83. Mother/Paren Health Insurance Plan Address (check all that apply) 84. Mother/Paren Health Insurance Plan City (check all that apply) 85. Mother/Paren Health Insurance Plan State (check all that apply) 86. Mother/Paren Health Insurance Plan Zip (check all that apply) 87. Mother/Paren Health Insurance Plan Phone (check all that apply) 88. Mother/Paren Health Insurance Plan Fax (check all that apply) 89. Mother/Paren Health Insurance Plan Email (check all that apply) 90. Mother/Paren Health Insurance Plan Web Address (check all that apply) 91. Mother/Paren Health Insurance Plan Name (check all that apply) 92. Mother/Paren Health Insurance Plan Address (check all that apply) 93. Mother/Paren Health Insurance Plan City (check all that apply) 94. Mother/Paren Health Insurance Plan State (check all that apply) 95. Mother/Paren Health Insurance Plan Zip (check all that apply) 96. Mother/Paren Health Insurance Plan Phone (check all that apply) 97. Mother/Paren Health Insurance Plan Fax (check all that apply) 98. Mother/Paren Health Insurance Plan Email (check all that apply) 99. Mother/Paren Health Insurance Plan Web Address (check all that apply)											
NOTE: The worksheets are set up to reflect the data entry process in DAVE											

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- Medical worksheets are completed by the Facility Staff, or Midwives, **not the parents**
- Information from the Medical Worksheet is entered electronically into DAVE
- Medical Worksheet (*HCP_VS1D*) is available in DAVE/Forms/Print Forms



Special Circumstances

Section 4(A) subsection 2 of 10-146 CMR
Ch. 10 rule states:

“When a birth occurs en route to an institution or is attended in an institution immediately following the birth, it shall be registered by the institution.”

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Jessie will speak about these types of cases.

UNATTENDED BIRTHS (HOMEBIRTHS)

When a birth occurs outside an institution, it must be registered with the Department within 7 days following the birth.

The same worksheets (parent and medical) must be completed by the parents or if a planned homebirth, by the midwife in attendance at or immediately after the birth.

The parent worksheet must be signed and verified by the parent(s). The medical worksheet must be signed by the physician, midwife or other informant who must certify, by signature or electronic process (EBRS) that the child was born alive at the place and time on the date stated.

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Additional documentation in support of the facts of birth may be required by the Department, including evidence of pregnancy, evidence that the infant was born alive, and evidence of the mother's presence in the State on the date of birth. More and more midwives are now starting to use the EBRS to file the birth.



SAFE HAVEN REGISTRATION

<http://www.mainelegislature.org/legis/statutes/22/title22sec4018.html>

A “Safe Haven” child is less than 31 days of age and has been relinquished by parent with no intention of returning for the child.

The child may be given to a safe haven providers (law enforcement officer, staff in a medical emergency room, medical services provider, staff person at a hospital).

Birth registration staff will contact DHHS and the OCFS Director will be responsible for naming the child. The name must not include in any form “Haven” “Doe” or “Unknown”. The child’s last name must not be the same as the resource family the child is placed with.

The child’s first and middle name may be corrected or completed within the first 90 days after filing of the birth record, without obtaining a legal name change from a court of competent jurisdiction.

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DELAYED BIRTH REGISTRATION

<http://www.mainelegislature.org/legis/statutes/22/title22sec2764.html>

In order to provide an official record of statements concerning births which have occurred in this State, the Department may accept a registration of any birth of which no record can be found in either the files of the state registrar or the clerk of the municipality where the birth occurred.

Certificate of live birth. A certificate of live birth on the prescribed form(s) must be filed with the Department if the date of filing is more than 7 days but not more than one year after the date of birth. The state registrar may prescribe the evidence of the facts of birth to be presented in the event none of the persons specified in [section 2761](#) are available to sign the certificate.

Delayed registration of birth. When the birth occurred more than one year prior to the date of filing, it must be registered on a form entitled "Delayed Registration of Birth." The form must provide for the following information and such other data as may be required by the Department:

- A statement by the applicant including the name and sex of the person whose birth is to be registered, the place and date of birth, the name and birthplace of the father and the maiden name and birthplace of the mother;
- The signature of the registrant, or a parent or guardian if the registrant is under 15 years of age or is mentally incompetent;
- The signature of the registrant must be acknowledged before an official authorized to take oaths;
- A description of each document submitted in support of the delayed birth registration; and
- The date of filing.

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The delayed birth registration forms may be found on the Departments public website at <https://www.mainegov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml> or obtained by contacting the Department.

- A. If the birth occurred more than one year but less than 15 years prior to the date of filing, the facts of birth stated by the applicant must be supported by at least 2 documents, only one of which may be an affidavit of personal knowledge; or
- B. If the birth occurred more than 15 years prior to the date of filing, the date and place of birth must be supported by at least 3 documents, only one of which may be an affidavit of personal knowledge, and the names of the parents must be supported by at least one document, which may be any one of the 3 submitted in evidence of the place and date of birth.
- C. Any document accepted as evidence, other than the affidavit of personal knowledge, shall be at least 5 years old, or shall be a copy or abstract of a record made at least 5 years prior to the date of filing and certified as a true and correct copy by the custodian of the record.

The cost to file a delayed birth is \$60.00 and includes a certified copy of the delayed birth certificate. After the delayed birth registration has been accepted, the state registrar will enter the birth in the EBRs and forward an attested copy (if prior to Sept of 1995) to the clerk of the municipality where the birth occurred or, in case of a birth in an unincorporated place, to the municipal clerk specified by the state registrar. Any certified copy of a delayed birth registration must be issued on a form which indicates that it is a copy of a delayed birth registration and must contain a description of the documents submitted in evidence.

DELAYED BIRTH REGISTRATION

The image shows a screenshot of the 'Delayed Birth Registration' form. At the top left is the Maine Center for Disease Control and Prevention logo. To its right is the address: 225 Congress Street, 11th Floor, P.O. Box 7859, Portland, ME 04133-0859. Below the address are the phone number (207-201-5700), fax number (207-201-5708), and email (FVS.Licensure.Maine@dhhs.maine.gov). A 'Reset Form' button is at the top right. The form itself has several sections: 'Registration of Birth' (with fields for 'First Name', 'Last Name', 'Sex', 'Date of Birth', and 'Place of Birth'), 'Parent Information' (with fields for 'First Name', 'Last Name', 'Relationship to Child', and 'Address'), 'Witness Information' (with fields for 'First Name', 'Last Name', 'Relationship to Child', and 'Address'), and 'Signature' (with fields for 'Signature of Applicant', 'Signature of Witness', and 'Signature of Clerk'). There are also sections for 'Other Identification' and 'Comments'.

- If the birth occurred more than one year but less than 15 years prior to the date of filing, the facts of birth stated by the applicant must be supported by at least 2 documents, only one of which may be an affidavit of personal knowledge; or
- If the birth occurred more than 15 years prior to the date of filing, the date and place of birth must be supported by at least 3 documents, only one of which may be an affidavit of personal knowledge, and the names of the parents must be supported by at least one document, which may be any one of the 3 submitted in evidence of the place and date of birth.
- Any document accepted as evidence, other than the affidavit of personal knowledge, shall be at least 5 years old, or shall be a copy or abstract of a record made at least 5 years prior to the date of filing and certified as a true and correct copy by the custodian of the record.

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The delayed birth registration forms may be found on the Departments public website at <https://www.mainegov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml> or obtained by contacting the Department. The cost to file a delayed birth is \$60.00 and includes a certified copy of the delayed birth certificate. After the delayed birth registration has been accepted, the state registrar will enter the birth in the EBRS and forward an attested copy (if prior to Sept of 1995) to the clerk of the municipality where the birth occurred or, in case of a birth in an unincorporated place, to the municipal clerk specified by the state registrar. Any certified copy of a delayed birth registration must be issued on a form which indicates that it is a copy of a delayed birth registration and must contain a description of the documents submitted in evidence.

REGISTRATION OF BIRTHS



- Birth records will not be registered until all required documentation has been submitted and the record has been affirmed/approved by the institution.
- Once the birth record has been filed and registered with the Department, the birth record becomes the permanent record of the birth and may be issued by the place of birth municipality, the mother's resident municipality (if residence is Maine) and/or the Department.
- Any changes to the birth record after it is registered must be done through an official amendment process and the change becomes permanent.

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Each institution must provide to each unmarried mother and alleged father, if present, pamphlets or other written information provided by the Department about establishment of paternity and the current form in use. There may be times when the unmarried parents do not complete the Acknowledgement of Paternity (soon to be parentage) at the hospital and the birth is registered. The parents may obtain the forms from any municipality to present to DRVS. The forms are posted on DRVS public website and under Forms/Print forms in the EBRS.

ESTABLISHMENT OF PARENTAGE

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1851.html>

Parentage may be established by:

- ❖ Birth
- ❖ Adoption
- ❖ Acknowledgment
- ❖ Presumption
- ❖ De facto parentage
- ❖ Genetic parentage
- ❖ Assisted reproduction
- ❖ Gestational carrier agreement



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PRESUMPTION

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1881.html>

For the purposes of birth registration, the mother is deemed to be the woman who gives birth to the child, unless otherwise determined by a court of competent jurisdiction prior to the filing of the birth certificate. If the mother was married at the time of either conception or birth, or at any time between conception and birth, the name of the husband must be entered on the birth certificate as the father of the child, unless paternity has been determined otherwise by a court of competent jurisdiction.



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The marital status on the parent worksheet determines if the spouse should be named on the child's birth record. The mother of the child has the option to select not married, married or refused. If the mother of the child selects married, the spouse automatically will be added. If the mother of the child selects not married, the father/parent may only be added by completing the AOP or by court order. If the mother selects refused, the father/parent may only be added by court order unless..... A correction application (VS-7) is submitted to the Department to amend the marital status.

Acknowledgement of Parentage (AOP)

<http://www.mainelegislature.org/legis/statutes/19-A/title19-Asec1861.html>

- AOP form may be completed, and filed with the State of Maine at any time after the birth, up until the child reaches the age of 18 years.
 - The AOP must be signed by both parents and notarized.
 - When a properly completed AOP is received by DRVS, the father/parent will be added to the child's Certificate of Live Birth.
 - Is available in DAVE/Forms/Print Forms (*HCP_VS27A*)

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On June 10, LD 222 was enacted.

<https://legislature.maine.gov/bills/getPDF.asp?paper=HP0157&item=1&snum=130> The law now allows another parent to be added regardless of sex or gender and no longer requires the parent to be the biological father. The AOP form is currently in the process of being updated.

ACKNOWLEDGEMENT OF PARENTAGE (AOP)

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1862.html>

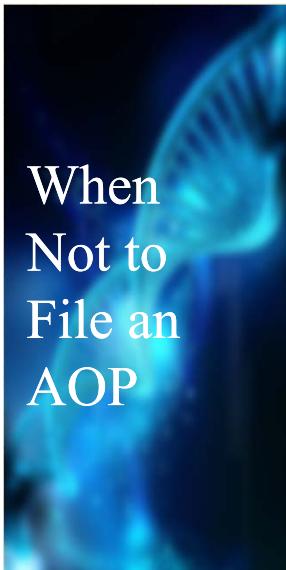
The municipal clerk may:

- ✓ Assist unmarried parents by providing the AOP form and ensuring the AOP is fully completed.
- ✓ Witness the parents' signatures or act as a Maine notary.
- ✓ Mail the AOP form to the Department.



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On a case-by-case basis, the AOP may be scanned and attached to the birth case for faster processing. Clerks must notify Jessie for these types of cases. The EBRS does not notify the Department when an attachment is done. There is no fee for processing the AOP form although if the parent(s) would like a certified copy after the father/parent has been added, they will need to pay the \$15.00 fee.



When Not to File an AOP

Do not file an AOP **when a mother is or was married within 300 days of the birth of the child**, as the name of the spouse shall be entered on the Certificate of Live Birth, including situations when:

- The spouse may not be the genetic father.
- The mother has been separated (legally or otherwise) from the spouse, regardless of the period of the separation.
- The mother was legally married or attempted to marry, and the child is born within 300 days after the termination of the marriage (unless the final divorce decree specifies that the spouse is not a parent).

DENIAL OF PARENTAGE

<http://www.mainelegislature.org/legis/statutes/19-a/title19-a/sec1863.html>



The form is titled "DENIAL OF PARENTAGE (DOP)" and includes the following sections:

- PERSONS:** Fields for "Mother", "Father", "Biological Father", "Non-Biological Father", "Other Person", and "Other Person Relationship".
- NOTIFICATION:** Fields for "Mother Name", "Mother Address", "Mother Phone", "Father Name", "Father Address", "Father Phone", and "Other Person Name", "Other Person Address", "Other Person Phone".
- STATEMENT OF FACTS:** A large section containing several checkboxes and statements. One statement reads: "I have read and understood the information provided and the basic consequences of the denial of parenthood that are from reading the document." Another statement reads: "I understand I can file a civil action for child support if my rights are violated." Other statements relate to the removal of the name from the birth certificate and the addition of the biological father's name.
- ACKNOWLEDGEMENT:** Fields for "Signature of Mother", "Signature of Father", and "Signature of Other Person".



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A father/parent that is named on the birth due to presumption (married couple) may not be the actual father. The presumed parent may file a Denial of Parentage to be removed from the child's birth certificate in the event the mother who gave birth to the child and the biological father sign an AOP. The AOP and DOP must be filed at the same time as specified by law for the presumed father to be removed and the biological father to be added. The DOP may be found on the Department's public website at <https://www.mainegov/dhhs/mecdc/public-health-systems/data-research/vital-records/forms/index.shtml>. Again, there is no fee for processing the AOP/DOP form although if the parent(s) would like a certified copy after the father/parent has been removed and then added, they will need to pay the \$15.00 fee.

GENETIC PARENTAGE

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1915.html>

If a determination of paternity has been made by a court of competent jurisdiction, either as separate action or as a part of a divorce decree or child protective order, the father's name shall be entered on or deleted from the birth certificate without the consent of either or both parents. The court order or divorce decree is considered to be an acknowledgment of paternity.



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The Department receives approximately 50 or more court determinations, known as parental rights and responsibility orders, weekly. If the court order is submitted by OCFS, there is no fee to add the father/parent. If the court order is submitted by the parent(s), the cost is \$60.00 and includes a certified copy of the birth record with the added father/parent.

GENETIC PARENTAGE

<http://www.mainelegislature.org/legis/statutes/22/title22sec2767-a.html>



- The Department may amend the birth certificate of a person 18 years of age or older born in this State for the purpose of identifying a genetic parent who was not known or listed at the time of birth when the state registrar has received the following:
 - A signed, notarized request from the subject of the birth certificate that the birth certificate be amended;
 - Either the written, notarized consent of the genetic parent to be named on the amended birth certificate or a certified copy of the death certificate of the genetic parent to be named on the amended birth certificate; and
 - Evidence of genetic parentage based on testing of deoxyribonucleic acid, DNA, that includes:
 1. A notarized report of the results of the DNA testing; and
 2. Notarized documentation of the chain of custody of the blood and tissue samples examined in the testing.

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The testing must be of a type generally acknowledged as reliable by accreditation bodies designated by the federal Secretary of Health and Human Services, and it must be performed by a laboratory approved by an accreditation body designated by the federal Secretary of Health and Human Services. If the request submitted does not contain the written, notarized consent of the genetic parent to be named on the amended birth certificate, amendment of the birth certificate does not affect the rights of inheritance and descent. A birth certificate amended without the written, notarized consent of the genetic parent to be named on the amended birth certificate must contain the following words in a conspicuous place: "This birth certificate has been amended to identify a genetic parent not known or listed at the time of birth. This amendment does not affect the rights of inheritance or descent of the subject of the birth certificate. The cost is \$60.00 and includes a certified copy of the birth record with the added father/parent."

DE FACTO PARENTAGE

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1891.html>



- Adjudication of a person as a de facto parent establishes parentage, and the court shall determine parental rights and responsibilities and make appropriate orders for the financial support for the child. An order requiring the payment of support to or from a de facto parent does not relieve any other parent of the obligation to pay child support unless otherwise ordered by a court.
- The adjudication of a person as a de facto parent does not disestablish the parentage of any other parent. Often times they will be named as a third parent.

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The third parent will be identified in the marginal notes on the birth certificate. The cost is \$60.00 and includes a certified copy of the birth record with the added parent.

PARENTAGE BY ASSISTED REPRODUCTION

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1928.html>

Before or after the birth of the resulting child, a party consenting to assisted reproduction, a person who has a written agreement to be a parent, the intended parent or parents or the person giving birth may commence a proceeding in District Court to obtain an order:

1. Declaring that the intended parent or parents are the parent or parents of the resulting child and ordering that parental rights and responsibilities vest exclusively in the intended parent or parents immediately upon the birth of the child;
2. Sealing the record from the public to protect the privacy of the child and the parties;
3. For any relief that the court determines necessary and proper.



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The court order must be presented directly to the Department. The cost is \$60.00 and includes a certified copy of the birth record with the added parent.

GESTATIONAL CARRIER AGREEMENT

<http://www.mainelegislature.org/legis/statutes/19-a/title19-asec1934.html>

Pursuant to a valid gestational carrier agreement, before or after the birth of the resulting child a party to the gestational carrier agreement may commence a proceeding in District Court to obtain an order:

1. Designating the contents of the birth certificate and directing the Department to designate the intended parent or parents as the parent or parents of the child. The State Registrar of Vital Statistics may charge a reasonable fee for the issuance of a birth certificate;
2. Declaring that the intended parent or parents are the parent or parents of the resulting child and ordering that parental rights and responsibilities vest exclusively in the intended parent or parents immediately upon the birth of the child;
3. Sealing the record from the public to protect the privacy of the child and the parties; or
4. For any relief that the court determines necessary and proper.

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Most gestational carrier agreements are presented to the hospital prior to the birth of the child and the intended parents will be named on the original birth record. The birth record will still capture all the health and medical information about the child and the facts of birth. In the event a child is born prior to the gestational carrier agreement being executed, the court order must be presented to the Department and an amendment will be done to remove the biological mother/father information and name the intended parents and their information. The original record with the biological parents will then be sealed. The cost is \$60.00 and includes a certified copy of the birth record with the intended parents.

NEW CERTIFICATE OF BIRTH FOLLOWING ADOPTION

<http://www.mainelegislature.org/legis/statutes/22/title22sec2765.html>

The Department shall establish a new certificate of birth for a person born in this State when the state registrar receives the following:

- A certificate of adoption (VS-9) as provided in [Title 18-C, section 9-304](#), or a certified copy of the decree of adoption along with the information necessary to identify the original certificate and establish the new certificate of birth, except that a new certificate may not be established if so requested by the adopting parents or the adopted person if the adopted person is at least 18 years of age.

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When the new certificate of birth is established, the Department will provide each municipal clerk who is required by law to have a copy of the certificate of birth on file with a copy of the new certificate of birth. Adoptions done in the EBRS will be done electronically and the record will be available to the municipal clerk immediately following the amendment. Adoptions done to paper records (prior to sept. of 1995) will mailed a replacement copy. All copies of the original certificate in the custody of any municipal clerk must be sealed from inspection or returned to the state registrar. There may be times when the adoptive parents do not want to change the record and the record will show asterisks and indicate court order. The Department charges a \$60.00 fee for adoptions which includes a certified copy of the new birth certificate after adoption which is considered the child's legal record going forward. The Department also maintains an adoption re-union registry. The biological parents can sign up for the registry if they would like to be contacted by the child. Once the child turns 18, they may also sign up for the registry. If there is a match, the Department will provide the information to each party. There have been some wonderful stories over the years that Sharon has shared with us. The cost for the registry is \$50.00

PERSONS BORN IN A FOREIGN COUNTRY

<http://www.mainelegislature.org/legis/statutes/22/title22sec2765.html>

Use the Tab Key to go from one field to the next

Reset Form

DEPARTMENT OF HEALTH & HUMAN SERVICES

CERTIFICATE OF BIRTH FOR A FOREIGN BORN CHILD

State File No.		
1. Child's Name (First, middle, last)	2. Sex	3. Date of Birth
4a. Country of Birth	4b. State or Province	4c. City, Town or Village
5a. Mother Parent's Maiden Name	5b. Date of Birth	5c. State of Birth
6. Usual Residence (Street and number)		
7a. Father Parent's Name	7b. Date of Birth	7c. State of Birth
I hereby certify that this certificate is established in accordance With section 2765 of Title 22, Maine Revised Statutes		
Attest _____ Date _____		
This Certificate is not Evidence of United States Citizenship		

Form HV01
R.5.2014

The Department will establish a Maine certificate of birth for a person born in a foreign country and for whom a decree of adoption has been entered in a court of competent jurisdiction in Maine when the state registrar receives the following:

- A certificate of adoption as provided in Title 18-C, section 9-304; and
- A request that a new certificate be established. A Maine certificate of birth may not be established, if so requested by the court decreeing the adoption, the adoptive parents or the adopted person, if the adopted person is 18 years of age or older.

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Foreign born birth certificates must show the true or probable foreign country of birth and must indicate that the certificate is not evidence of United States citizenship for the child for whom it is issued or for the adoptive parents. Only the place of birth municipality receives a copy of this certificate. The cost is \$60.00 and includes a certified copy of the completed foreign born birth record.

ACCESS TO ORIGINAL BIRTH CERTIFICATE BY ADOPTED PERSON

<http://www.mainelegislature.org/legis/statutes/22/title22sec2768.html>

The form is titled "Application for Copy of Non-Certified Original Birth Certificate". It includes fields for the name and date of birth of the child, the names and contact information of the adoptive parents, and the names and contact information of the applicant. It also includes fields for the signature of the applicant and a stamp area for "Official Use Only".

An adopted person, the adopted person's attorney or, if the adopted person is deceased, the adopted person's descendants may obtain a copy of that person's original certificate of birth from the Department.

Requirements. The adopted person must be at least 18 years of age, have been born in this State and file a written application with proof of identification. Upon receipt of the written application and proof of identification, the Department may issue a noncertified copy of the unaltered original certificate of birth to the applicant. If a contact preference or medical history form has been completed and submitted to the state registrar, the state registrar also must provide that information.

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The application and instructions may be found on DRVS public website at <https://www.maine.gov/dhhs/mecd/c/public-health-systems/data-research/vital-records/forms/index.shtml>. There is a \$10.00 fee for issuing a non-certified copy of the legal portion of the original birth record and \$10.00 fee for the medical history and contact preference, if available.

NEW CERTIFICATE OF BIRTH FOLLOWING LEGITIMATION

<http://www.mainelegislature.org/legis/statutes/22/title22sec2765.html>

Application for an Amended Birth Record Following Legitimation
Affidavit

We (Parents' names) _____ of (City/town) _____ was born out of wedlock on _____, A.D. (year) _____ at City/town _____ We further declare that we make this Affidavit to acknowledge parentage 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 Hometown: _____
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 Married: _____

Form 22-0880, Maine State Office of Vital Statistics
Version 1, Effective January 1, 2010

The Department shall establish a new certificate of birth for a person born in this State when the state registrar receives a request that a new certificate be established and such evidence as the department may require by rule proving that the person has been legitimated.

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The legitimation process may be done when two unmarried parents have a child and then were married at a later date. The parents may complete the VS-8 application, provide identification and a copy of their marriage certificate. There is a \$60 fee which includes a certified copy of the birth after legitimization. The legitimization process changes the marital status at the time the child was born and allows the parents to change the child's name at the time of application.



QUESTIONS?

THANK YOU



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Contact Information

Maine Center for Disease Control and Prevention
Data, Research, and Vital Statistics
220 Capitol Street
11 State House Station
Augusta, ME 04333-0011
Tel: (207) 287-3771
Fax: (207) 287-1093

