

Janet T. Mills
Governor

Sara Gagne-Holmes
Acting Commissioner



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

State File Number _____

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