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Governor

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Acting Commissioner



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**Adoption Reunion Registry Application - Biological Parents and Other Relatives or Persons  
Acting on Their Behalf – VS210A**

State File Number \_\_\_\_\_

ADOPTED PERSON	1. Name of Adopted Person at Birth		
	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.		
BIOLOGICAL PARENTS	5. Biological Parent’s Name Prior to 1 <sup>st</sup> Marriage		
	6. Other Parent’s Name Prior to 1 <sup>st</sup> Marriage on Birth Certificate		
APPLICANT	7. Applicant’s Name		
	8. Applicant’s Mailing Address		
	9. Status (Check only one) <input type="checkbox"/> Biological parent of the adopted person <input type="checkbox"/> Full or half-sibling (age 18 or older) of the adopted person <input type="checkbox"/> Legal custodian/guardian of person (under the age of 18) who is a full or half-sibling of the adopted person <input type="checkbox"/> Relative of the <b>deceased biological parent</b> of the adopted person: <div><input type="checkbox"/> Parent                      <input type="checkbox"/> Other Parent                      <input type="checkbox"/> Grandparent <input type="checkbox"/> Full Sibling                      <input type="checkbox"/> Half Sibling <input type="checkbox"/> Aunt                      <input type="checkbox"/> Uncle                      <input type="checkbox"/> Cousin</div> <p>(Death certificate of biological parent and proof of relationship required)</p>		
CONTACT	10. I wish contact with adopted person if they are 18 years of age or older. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	11. If the adopted person is under the age of 18 or is incapacitated, I wish contact with their adoptive parent or legal guardian. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	12. If the adopted person has died, I wish contact with their adoptive parents. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SPECIAL INSTRUCTIONS:</b>			
CERTIFICATION	I hereby certify that I am the biological parent or specified other relative of the adopted person named above, or the legal custodian or guardian of a minor sibling of that adopted person, and that I wish contact with the adopted person or with the other individuals indicated above.		
	Signed: _____ Date: _____		