

Janet T. Mills
Governor

Sara Gagne-Holmes
Acting Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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**Application – Person Freed for Adoption but Not Subsequently Adopted
or Person Acting on Adopted Person’s Behalf – VS210C**

State File Number _____

PERSONAL DATA	1. Name										
	2. Birthdate	3. Sex Male Female	4. Birthplace								
PARENTS	5a. Parent’s Name Prior to 1 st Marriage										
	5b. Other Parent’s Name Prior to 1 st Marriage on Birth Certificate										
COURT DATA	6a. Date Freed for Adoption										
	6b. Name and Location of Court										
APPLICANT	7. Name										
	8. Mailing Address										
	9. Status (Check only one) <input type="checkbox"/> Person 18 years of age or older who was freed for adoption but not subsequently adopted. <input type="checkbox"/> Legal custodian/guardian of person under 18 who was freed for adoption but not subsequently adopted. <input type="checkbox"/> Legal custodian/guardian of person determined by a court to be incapacitated and who was freed for adoption but not subsequently adopted.										
CONTACT	10. I wish contact with my biological parents		Yes	No							
	11. I wish contact with my biological full siblings who are 18 years of age or older		Yes	No							
	12. I wish contact with my biological half-siblings who are 18 years of age or older		Yes	No							
	13. If my biological parent or other parent has died, I wish contact with these relatives of that parent. <table><tr><td>Parent</td><td>Other Parent</td><td>Grandparent</td><td>Full Sibling</td></tr><tr><td>Half Sibling</td><td>Aunt</td><td>Uncle</td><td>Cousin</td></tr></table>				Parent	Other Parent	Grandparent	Full Sibling	Half Sibling	Aunt	Uncle
Parent	Other Parent	Grandparent	Full Sibling								
Half Sibling	Aunt	Uncle	Cousin								
SPECIAL INSTRUCTIONS:											
CERTIFICATION	I hereby certify that I am the person named above, or the legal custodian or guardian of that person, and that I wish contact with the biological parents and/or other individuals indicated above.										
	Signed: _____ Date: _____										