

Janet T. Mills
Governor



Sara Gagne-Holmes
Acting Commissioner

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
220 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3771; Toll Free: (888) 664-9491
TTY: Dial 711 (Maine Relay); Fax: (207) 287-1093

Delayed Birth Registration

Registrant	1. Registrant's Name at Birth			2. Date of Birth (mm/dd/yyyy)		
	3. Color or Race	4. Sex Male Female	5a. City/Town of birth	5b. County of Birth		
Father/ Parent	6. Full Name of Father/Parent			7. Birthplace of Father/Parent		
Mother/ Parent	8. Full Maiden Name of Mother/Parent			9. Birthplace of Mother/Parent		
Affidavit	I Hereby Declare Upon Oath that the Above Statements are True to My Knowledge and Belief.		11. Present Address of Registrant			
	10. Signature of Registrant ▶					
Clerk or Notary	Subscribed and Sworn Before Me on:	12. Signature of Notary ▶		13. My Commission Expires		
	Subscribed and Sworn Before Me on:	14. Signature of Clerk ▶		15. City/Town		
Applicant – Do Not Write Below this Line (To be completed by State Registrar)						
Description of Documentary Evidence	Type of Document		By Whom Issued and Signed		Date Issued	Date of Original Entry
	Date of Birth (mm/dd/yyyy)	Birthplace	Full Name of Father/Parent		Full Name of Mother/Parent	
	Type of Document		By Whom Issued and Signed		Date Issued	Date of Original Entry
	Date of Birth (mm/dd/yyyy)	Birthplace	Full Name of Father/Parent		Full Name of Mother/Parent	
	Type of Document		By Whom Issued and Signed		Date Issued	Date of Original Entry
	Date of Birth (mm/dd/yyyy)	Birthplace	Full Name of Father/Parent		Full Name of Mother/Parent	
Other Qualifying Information:						
State Registrar	I hereby certify that no prior birth certificate has been found in the office of the clerk at birthplace or of the state registrar. I further certify that the documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.					
	Signature of State Registrar ▶		Evidence Reviewed By:		Date of Filing:	