



Maine Center for Disease Control and Prevention (Maine CDC)
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Department of Health and Human Services Contact Preference Form for Birth Parents of Adopted Children

The Maine CDC vital records office requires the following information to process your request. Please **PRINT** and complete as many items as known, required items are marked (*required).

Name of child on original birth record: _____
First Middle Last (* required)

Date of birth: _____ City/town of birth: _____
Month Day Year (*required)

Sex Female Male

Hospital: _____

Mother's name on child's original birth record: _____
First Middle Last

IF THE ORIGINAL BIRTH RECORD IS RELEASED, WHAT IS YOUR PREFERENCE REGARDING CONTACT WITH THE ADOPTEE?

I am the Birth Mother Birth Father

I would like to be contacted. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

Current name: _____
 Address: _____
 City/Town, State, Zip: _____
 Daytime phone number: () _____

I would prefer to be contacted only through an intermediary. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

Do not contact me. I may change this preference by filling out another contact preference form. I have completed this contact preference form and a medical history form and am filing them with the State Registrar of Vital Statistics.

Official Use Only	
Certificate Number:	
Date Received:	
Date Issued:	