

STATE OF MAINE

PROBATE COURT

County: \_\_\_\_\_

Docket No. \_\_\_\_\_

DISTRICT COURT

Location: \_\_\_\_\_

Docket No. \_\_\_\_\_

**In the Matter of the Adoption Petition of:**

\_\_\_\_\_  
*Name of Minor*

**PETITION FOR INFORMATION OR  
TO EXAMINE RECORDS**

18-C M.R.S. § 9-310  
22 M.R.S. § 2765(2-A)(C)

**NOW COMES** the following petitioner who requests to obtain information or to examine records in the above-captioned adoption matter. In support of that request, the petitioner states as follows:

**1. Petitioner information:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
*First Middle Last*

Legal residence: \_\_\_\_\_  
*Street City/Town Zip*

Mailing address: \_\_\_\_\_  
*Street City/Town Zip*

**2. Petitioner's relationship to minor child:** \_\_\_\_\_

**3. Petitioner requests the following:**

- To obtain a certificate of adoption;
- To obtain a certified copy of the adoption record;
- To obtain medical and/or genetic information; or
- To obtain other information as specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- To inspect, but not obtain a copy of, the original birth record and any other evidence of said adoption or pending adoption; or
- To inspect, but not obtain a copy of, the following information specified below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Petitioner states the following reasons for requesting the above documents and/or information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHEREFORE**, the petitioner requests the court grant this request for information or inspect documents in the above-captioned adoption matter.

\_\_\_\_\_  
**Signature of Petitioner**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Attorney for Petitioner, if any:**

\_\_\_\_\_  
Signature of Attorney and Maine Bar Registration Number

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**STATE OF MAINE**

\_\_\_\_\_ COUNTY

Personally appeared the above named, \_\_\_\_\_ and \_\_\_\_\_, and made oath that the foregoing statements are true under penalty of perjury.

Before me,

Date: \_\_\_\_\_

\_\_\_\_\_  
Attorney at Law / Notary Public / Register / Clerk