CONTAINS NONPUBLIC DIGITAL INFORMATION

STATE OF MAINE

PROBATE COURT
County: _____
Docket No. _____

DISTRICT COURT
Location: _____
Docket No. _____

In the Matter of the Adoption Petition of:

_____
Name of Adoptee

STATEMENT REGARDING TRIBAL AFFILIATION
25 C.F.R. § 23.140

A. Information regarding Indian child:

1. Birth name:_____
2. Name after adoption, if different:_____
3. Birthdate:_____
4. Tribal affiliation *(name of tribe)*:_____

B. Information regarding the biological parents:

1. Biological parent name:_____
   Address:_____
2. Biological parent name:_____
   Address:_____

C. Information regarding the petitioner(s) for adoption:

1. Name:_____
   Address:_____
2. Name:_____
   Address:_____

D. If applicable, contact information for the Department of Health and Human Services office or other licensed placement agency involved with the adoption:

Name:_____
Address:_____
Telephone:_____

_____
Signature of Petitioner **Date**

_____
Signature of Petitioner **Date**

Attorney for Petitioner(s), if any:

_____
Signature of Attorney and Maine Bar Registration Number
Date: _____
Name:_____
Address:_____
_____
Phone Number: _____
Email: _____