

STATE OF MAINE

PROBATE COURT
COUNTY OF _____

Location of Court

DOCKET NO. _____

In the Matter of the Adoption Petition of:

AFFIDAVIT OF PATERNITY¹

(Name of Adoptee)

1. I, _____ (birth mother) am the mother of
_____ (name of child)

I wish to consent to the adoption of said child pursuant to an adoption petition currently pending in the
Probate Court to execute a surrender and release of said child to _____

_____ (Maine
Department of Human Services or licensed adoption agency) for the purpose of adoption.

2. I was not lawfully married at the time this child was conceived nor at the time of the child's birth/

3. I have filed a certified copy of this child's birth record with this Affidavit.

4. The father of this child is: _____

(provide name of father or indicate not known) and resides at _____

_____ (provide last known address or indicate "not known").

5. The father of this child (check as many statements as are true):

- a. Is named in the birth record
- b. Currently provides or has attempted to provide the support for the child.
- c. Currently is involved in or has attempted to become involved in a family relationship with the child
- d. Has never provided any support for this child of any description
- e. Has never attempted to form a family relationship with this child.
- f. Knows that he is the father of this child.
- g. Does not know he is the father of this child

6. I believe that I became pregnant in _____
_____ (town and State) on or about _____
_____ (date)

I believe the putative father is most likely located at the following address: _____

for the following reasons: _____

I believe the newspaper in which public notice is most likely to reach the putative father is _____

_____ (name of newspaper and address) for the following reasons:

Date: _____

Mother of Child

STATE OF MAINE
COUNTY OF _____

Then personally appeared the above-named _____
who, under penalty of perjury, affirmed under oath the truth of the facts foregoing Affidavit as far as
known or informed.

Before me, _____

Print Name: _____
Notary Public/Attorney-at-Law/Register of Probate

¹ 19 MRSA § 1111(1)
18-A MRSA 9-201(a)