STATE OF MAINE

PROBATE COURT County: _____ Docket No.

In the Matter of the Adoption Petition of:

Name of Adoptee

DISTRICT COURT
Location:
Docket No

STATEMENT REGARDING **TRIBAL AFFILIATION**

25 C.F.R. § 23.140

A. Information regarding Indian child:

- **1.** Birth name:
- 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:		
±		

Date

Signature of Petitioner

Date

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