PROBATE COURT
County:
Docket No

IN RE:

Name of Adoptee

DISTRICT COURT LOCATION: Docket No.

PETITION FOR CONFIRMATORY ADOPTION

18-C M.R.S. § 9-316

1. Petitioner Information

	Name:		Date of Birth:	
	First	Middle		
	Legal Residence:	Street	City/Town	Zip
	Mailing Address: _		-	;r
		Street	City/Town	Zip
	Telephone:		Date/Place of Marriage:	
2.	Petitioner Informa			
	Name:		Date of Birth: Last	
	<i>First</i> Legal Residence:			
		Street	City/Town	Zip
	Mailing Address: _	Street	City/Town	Zip
	Telephone	Sireei	Date/Place of Marriage:	-
3.	Adoptee Informat			
	Name:		Date of Birth: Last	
	Place of Birth:			
	During the past five Name of custodian(s)	years, the add		Date of adoptee's residence with custodian(s)
- - 6. (Custody Proceeding have/has particle of the adoptee i have/has inform other state; and know(s) of a	gs. I/We (check ipated as a part n Maine or and nation of a cust /or person, not a pa	y, witness, or in some other capacity in other	r litigation concerning the custod
	custody of the If any of the abov	•	ecked, you must attach an affidavit to this pe	etition with additional

information concerning that issue.

6. Please provide an explanation of the circumstances of the child's birth through assisted reproduction:

7. The petitioner(s) HEREBY ATTES	ST(S) to the following information:
Each petitioner consented to the chil	d's birth through assisted reproduction; and
Other than this claim, no competing	claims of parentage of the child exist.
	er(s) has/have attached the following documents:
A copy of the child's birth certificate	
A copy of the joint petitioners' marr	
Not applicable because the joint	
Not applicable because this petit	tion is filed by a single petitioner.
WHEREFORE, the petitioner(s) requ	uest(s) that the Court grant the confirmatory adoption of the adoptee.
Signature of Petitioner	Signature of Petitioner
Date:	
Name:	Name:
Address:	Address:
Phone Number: Email:	Phone Number: Email:
Eman.	Eman.
Attorney for Petitioner(s), if any:	
Theories for relationer (5), if any.	
Signature of Attorney and Maine Bar Register	stration Number
Date:	
Name:	
Address:	
Phone Number:	
Email:	
	STATE OF MAINE
COUNTY	
Personally appeared the above named,	
	, and made oath that the foregoing statements are true under penalty of
perjury.	
	Before me,
Date:	
Dutt	Attorney at Law / Notary Public / Register / Clerk
	rationally at Law / rotary rubite / register / Clerk