



Maine Center for Disease Control and Prevention (Maine CDC)  
 220 Capitol Street  
 11 State House Station  
 Augusta, Maine 04333-0011  
 (207) 287-3771  
 Fax : (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

## Delayed Birth Registration

<b>Registrant</b>	1. Registrant's Name at Birth			2. Date of Birth (mm/dd/yyyy)		
	3. Color or Race	4. Sex Male Female	5a. City/Town of birth		5b. County of Birth	
<b>Father/ Parent</b>	6. Full Name of Father/Parent			7. Birthplace of Father/Parent		
<b>Mother/ Parent</b>	8. Full Maiden Name of Mother/Parent			9. Birthplace of Mother/Parent		
<b>Affidavit</b>	I Hereby Declare Upon Oath that the Above Statements are True to My Knowledge and Belief.		11. Present Address of Registrant			
	10. Signature of Registrant ▶					
<b>Clerk or Notary</b>	Subscribed and Sworn Before Me on:		12. Signature of Notary ▶		13. My Commission Expires	
	Subscribed and Sworn Before Me on:		14. Signature of Clerk ▶		15. City/Town	
<b>Applicant – Do Not Write Below this Line</b> (To be completed by State Registrar)						
<b>Description of Documentary Evidence</b>	Type of Document		By Whom Issued and Signed		Date Issued	
	Date of Birth (mm/dd/yyyy)		Birthplace	Full Name of Father/Parent	Full Name of Mother/Parent	
	Type of Document		By Whom Issued and Signed		Date Issued	Date of Original Entry
	Date of Birth (mm/dd/yyyy)		Birthplace	Full Name of Father/Parent	Full Name of Mother/Parent	
	Type of Document		By Whom Issued and Signed		Date Issued	Date of Original Entry
	Date of Birth (mm/dd/yyyy)		Birthplace	Full Name of Father/Parent	Full Name of Mother/Parent	
<b>Other Qualifying Information:</b>						
<b>State Registrar</b>	I hereby certify that no prior birth certificate has been found in the office of the clerk at birthplace or of the state registrar. I further certify that the documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.					
	Signature of State Registrar ▶		Evidence Reviewed By:		Date of Filing:	