



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)

## **Application for an Amended Birth Record Following Legitimation Affidavit**

We (Parents' names) \_\_\_\_\_ of (City/town) \_\_\_\_\_  
declare that this child (Child's name) \_\_\_\_\_ was born out of  
wedlock on the \_\_\_ day of \_\_\_\_\_ A.D. (year) \_\_\_\_\_ at City/town \_\_\_\_\_. We  
further declare that we make this Affidavit to acknowledge paternity of said child. We, therefore,  
respectfully request a new birth certificate be prepared for said child, which shows that he/she is  
our legitimate child.

### **New Personal Data of Father/Parent for Record** *(Print or type)*

Child's Full Name to be: \_\_\_\_\_

Father/Parent Full Name: \_\_\_\_\_

Father/Parent Race: \_\_\_\_\_ Father/Parent Date of Birth: \_\_\_\_\_

Father/Parent Birthplace: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Father/Parent Signature: \_\_\_\_\_

Mother/Parent Signature: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20 \_\_\_\_\_.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(Notary Public/Municipal Clerk)

### **Do Not Write Below this Line** – (State Registrar's Use Only)

Date Approved: \_\_\_\_\_

Date Married: \_\_\_\_\_