STATE OF MAINE

COUNTY PRO	OBATE COURT	DOCKET NO
In Re:		PETITION FOR CHANGE OF NAME (ADULT) 18-C M.R.S. §1- 701
1. Full legal name of Petitioner (include mid	ddle name, if any):	
2. Address, email address and telephone nur	mber of Petitioner (inclu	ude physical address, if different):
3. Date of birth of Petitioner:		
4. Petitioner desires to change Petitioner's n	ame to (include middle	name, if any):
5. Petitioner desires to change Petitioner's n	name for the following r	easons:
Dated:	Petitioner (Us	ing Current Legal Name)
Attorney for Petitioner(s), if any:	Attorney (if P	etitioner is represented by counsel) ¹
Name		
Address		
Address		
Phone Number		
Maine Bar Number		
Email Address		
¹ See Rule 11		

MARP

STATE OF MAINE

	COUNTY PROBATE COURT	DOCKET NO		
In Re:		AFFIDAVIT BY ADULT SEEKING TO HAVE NAME CHANGED		
I,	, am over in t	the age of 18 and am a resident of the County of		
I have Under	petitioned to have my name changed to penalty of perjury, I hereby affirm that:			
1.	I am not, by changing my name, attempting to avoid any legal obligation.			
2.	. Children: (check one)			
	☐ I have no minor children.☐ I have the following minor children (included	ages for children):		
3.	I am not involved in any bankruptcy proceeding or arrangements with creditors in which my debts to others are being affected, nor do I reasonably anticipate that such proceedings or arrangements are about to begin.			
4.	I know of no person who had or has reason to have any objection to the change of name I am seeking.			
5.	The last name which I am seeking to acquire \square is \square is not the last name of a former spouse.			
Dated:	Affiant			
	Amant			
	E OF MAINE TY OF, ss.			
penalty	Personally appeared the above-namedy of perjury, affirmed the truth of the foregoing states t's signature thereon to be genuine and to have be ded.	atement and acknowledged		
Dated:		ary Public		



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 a Search and Certified Copy of a Vital Record

Non-Refundable Fees: \$15.00 for certified copy, \$6.00 for additional copies of same record,

\$10.00 for non-certified (not a legal copy)

<u>Applicant</u>: Please fill in the information in the appropriate box for the requested record, the reason

for requesting the record, and the name and address for mailing the certified copy. Enclose a check or money order payable to Treasurer, State of Maine and mail application to the address

above:

	Full Name of Child		
Birth Record	Date of Birth		
	Place of Birth		
Record	Parent's Full Name		
	Parent's Full Name		
	Full Name of Decedent		
Death	Death Date of Death		
Record	Place of Death		
	Full Name of Groom/Spouse		
Marriage	Full Maiden Name of Bride/Spouse		
Record	Date of Marriage		
	Place of Marriage		
	Full Name of Husband/Spouse		
Divorce	Full Maiden Name of Wife/Spouse		
Record	Date of Divorce or Annulment		
	Place [Superior Court, County or District (Division)]		

Please include a copy of a government issued ID and proof of relationship to the record requested or proof of a direct and legitimate interest in the record. Please see our pamphlet regarding Direct and Legitimate Interest - Accessing Closed Records in Maine.

Phone and online orders for Vital Records may also be placed through VITALCHEK, using a credit card, at the toll free number 1-877-523-2659 or over the Internet at www.vitalchek.com.

Applicant's signature:		
Applicant's address:		
Phone number:	Email:	