



MINNESOTA DEPARTMENT OF HEALTH  
 OFFICE OF THE STATE REGISTRAR  
 FATHERS' ADOPTION REGISTRY  
 P.O. Box 64499  
 ST. PAUL, MN 55164-00499



**RELATIVE or STEP-MOTHER SEARCH REQUEST – County Verified**

This search for a registered putative father is required under Minnesota Statutes, section 259.52, subdivision 2; and Minnesota Statutes 259.53, Subdivision 1, and is to be performed before an adoption petition can be granted. A search may be done anytime **before** the 31<sup>st</sup> day after birth, however another **final search** must be completed no sooner than 31 days **after** the child's birth.

Please search the Fathers' Adoption Registry in relation to the child named in relation to a step-parent, relative or infant adoption, and is being adjudicated under Court File Number \_\_\_\_\_. MDH Birth file # \_\_\_\_\_  
 (The court file number is required, if known)

**CHILD:** Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 LAST, FIRST MIDDLE

Sex: \_\_\_\_\_ or \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ TOTAL # OF CHILDREN ON PETITION \_\_\_\_\_  
 MALE FEMALE MONTH DAY YEAR Example 1 of 2 etc.

Place of Birth: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 HOSPITAL CITY STATE ZIP

**BIOLOGICAL MOTHER:** Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 LAST, FIRST MIDDLE

Aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone: \_\_\_\_\_  
 MONTH DAY YEAR

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 STREET APARTMENT # CITY STATE ZIP CODE

I am submitting this request in compliance with Minnesota Statutes, Section 259.53, Subdivision 1. The information provided by the Minnesota Fathers' Adoption Registry will be used to facilitate a step parent adoption or for the sole purpose of notification of the putative father identified, or as documentation that no putative father was identified, or compliance with the requirement to search the MFAR prior to the finalization of any adoption, excepting an international adoption. This information may only be used for purposes authorized under Minnesota Statutes, section 259.52 or other law.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 PROSPECTIVE ADOPTIVE PARENT Please print DATE

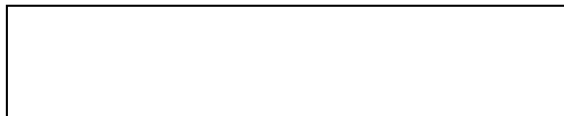
Prospective Adoptive Parent Signature \_\_\_\_\_

ADDRESS: CITY \_\_\_\_\_ STATE \_\_\_\_\_, ZIP \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC, County of \_\_\_\_\_. My Commission expires \_\_\_\_\_

There is a \$ 25 fee to search the MFAR. Make your check or money order payable to the Minnesota Department of Health. Checks returned for non-payment will be charged a \$ 30.00 fee according to Minn. Statutes, section 604.113, subdivision 2. Mail application and payment to: Minnesota Department of Health, Fathers Adoption Registry, P.O. Box 64499, St. Paul, MN MN 55164-0499



\_\_\_\_\_.Notary signature Notary Seal above

**COUNTY AGENT SECTION**

I, \_\_\_\_\_, \_\_\_\_\_ have the authority to  
 Name Title

make this request as the representative of \_\_\_\_\_ county, responsible for the report under Minnesota Statutes 259.53, subd.1, in a step-parent or relative adoption. Identify type of adoption \_\_\_\_\_.

Mailing address, City: \_\_\_\_\_, State \_\_\_\_\_, Zip: \_\_\_\_\_ Phone Number \_\_\_\_\_.