



FATHERS' ADOPTION REGISTRY
AFFIDAVIT OF ATTORNEY



STATE OF _____)
)ss.
COUNTY OF _____)

I, _____, being first duly sworn, depose and state as follows:

- 1. I am an attorney licensed to practice law in the state of Minnesota and I am in good standing with the Minnesota Supreme Court.
2. I am filing this Affidavit with the Minnesota Commissioner of Health pursuant to Minn. Stat. 259.52, subd. 4(4) (1999 Laws Minn. Ch. 122, sec. 2) of the Minnesota Fathers' Adoption Registry. Attorney License # _____.
3. I represent (check one):
- the birth mother of a child who is the subject of the attached search request.
- the prospective adoptive parent(s) whom I believe in good faith intend to pursue adoption of the child who is the subject of the attached search request.
4. I will instruct my client that he or she can use the data obtained from the Minnesota Fathers' Adoption Registry only for the purposes authorized under the Registry (Minn. Stat. ' 259.52) or other law.

FURTHER AFFIANT SAYETH NOT.

PRINT NAME

SIGNATURE

Subscribed and sworn before me this
day of _____, 201 .

NOTARY PUBLIC

AG:223628, v. 1

1 All attorneys are required to include their license number and a photocopy of current licensure with each Search Request Form. Minnesota attorneys may submit photocopy of licensure once annually effective January 15, 2007 and by January 30 each year thereafter.