

Minnesota Fathers' Adoption Registry (MFAR) Search Request

Fill out this form to request a search for a putative father in the Minnesota Fathers' Adoption Registry (MFAR). Minnesota law requires a search of the registry before finalizing an adoption. Individuals with authority, listed below, may request a search of the registry. The Minnesota Department of Health certifies search results only if you have a right to the information; you provide the required information on this form, and pay the fee.

Person requesting search—required

First Name	Last Name	Daytime Phone (xxx-xxx-xxxx)	
Agency or Office Name		Email	
Mailing or Delivery Address (UPS will not deliver to PO boxes or APO addresses.)		City	State ZIP

Authority to request and get search results for the child named in the request—required (check one):

I am the birth mother.
 I am supervising the adoptive placement.
 I am a social services representative that is the petitioner in a juvenile protection matter.
 I am an attorney representing the birth mother or the prospective adoptive parents.
 My MN Attorney License Number is _____ Non-MN license? Attach a photocopy of your license.
 I represent the county agency responsible for the report required under *Minnesota Statutes 259.53, subdivision 1*.
 I am a child support representative responsible for establishing a support obligation. *Minnesota Statutes 259.52, subd. 3*.

Child information—required

First Name	Middle Name	Last Name	Suffix
Date of Birth (or estimated date of birth) mm/dd/yyyy		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	
Place where birth occurred (facility name or home birth)		City and State of Birth	

Mother information—required

First Name	Middle Name	Last Name	Suffix
Alias or other possible names		Date of Birth mm/dd/yyyy	Social Security Number (if known) xxx-xx-xxxx
Mailing Address		City	State ZIP

Putative father information—complete as much information you know

First Name	Middle Name	Last Name	Suffix
Alias or other possible names		Date of Birth mm/dd/yyyy	Social Security Number (xxx-xx-xxxx)
Mailing Address		City	State ZIP

Requester signature - required

I certify that the information above is complete and accurate and that I have the authority to request a search and get results according to Minnesota Statutes, section 259.52, subdivision 2. This statement serves as an affidavit required by subdivision 4.

If I am not eligible to receive the requested certification, the Minnesota Department of Health (MDH) will contact me. I give MDH permission to apply my payment to a follow up application.

Requester's signature	Date
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First name of requester		Last name of requester	
Who is requesting certification of MFAR search results?			Enter fee below
Birth mother, adoption agency, social services representative, attorney, county agency - \$25		Enter \$25 or \$0	
Child support agency representative - \$0			
How do you want your request processed?			Enter fee below
Standard - request processed in the order received - \$0		Enter \$0 or \$20	
Faster - your request goes ahead of standard requests - \$20 NOTE: Faster processing does not include UPS delivery (see below).			
How do you want your search result delivered?			Enter fee below
Regular First Class Mail® - \$0		Enter \$0 or \$16	
United Parcel Service (UPS) - \$16			
For UPS delivery, check here <input type="checkbox"/> to require a signature. The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.			
Fees are due at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226</i>			Write in sum if filling out on paper Total due
How do you want to pay?			
<input type="checkbox"/> Credit Card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> Check Check # _____		Make check or money order payable to the Minnesota Department of Health and send by mail with search request. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.	
<input type="checkbox"/> Money order Money order # _____			
Mail request and check or money order to:		Fax request and credit card information to:	
Minnesota Department of Health Minnesota Fathers' Adoption Registry PO Box 64499 St. Paul MN 55164-0499		Fax 651-201-5740	

If you have **questions**, contact health.issuance@state.mn.us or 651-201-5994.