



Minnesota Department of Health
 Office of the State Registrar
 P.O. Box 64882
 St. Paul MN 55164-0882



FATHERS' ADOPTION REGISTRY REGISTRATION FORM

Instructions: If you think you may be the father of a child, you are not married to your child's mother, and you have not established paternity of your child in a Minnesota court, then you are a putative father and you may complete this registration form. Registration with the Minnesota Fathers' Adoption Registry (MFAR) is voluntary, but if you do not register and your child is placed for adoption in Minnesota, you may not receive notice of the pending adoption; the court may rule that you have given up your rights as a father in the adoption process, and your child may be adopted without your consent. If you have a social security number, you must provide it on this form (42 United States Code, § 666(a)(13)(B)(1996); Minnesota Statutes, § 259.52 (1997))

For births prior to 1998, an unmarried father would need to complete a Recognition of Parentage (ROP) form, or take other paternity establishment action to insure receipt of notice prior to adoption.

To protect your right to be notified of a pending adoption you must complete this registration form within 30 days of your child's birth. You may also register before the birth of your child

Purpose of Registry: The information you provide on this registration form will be used to match you with your child if an adoption petition is pending in Minnesota. A search of the registry is required for every adoption petitioned in Minnesota. If you are the father identified in the search, you will be sent notice of the pending adoption of your child. If the child is not adopted, public authorities may also search the registry to aid them in establishing a child support obligation. If you are adjudicated the legal father, you may be asked to provide child support. Once registered, if the child becomes the subject of an involuntary out of home placement or foster care, you may be contacted by a local county welfare agency as part of a search for a suitable relative foster care placement.

Access to Registry: The information you provide on this form is classified as private and will be released only as allowed by Minnesota law. There are criminal penalties for registering false information. The following individuals or organizations are allowed by law to request a search of the registry and/or to see this information:

- 1) you as the provider of the information;
- 2) authorized persons within the Minnesota Department of Health;
- 3) **the mother of the child, who will be notified that you have registered;**
- 4) the adoption agency supervising the adoptive placement;
- 5) the county agency responsible for supervising step parent and relative adoptions, permanency planning; and
- 6) a public authority attempting to establish child support obligations.

INFORMATION ABOUT YOU - THE FATHER

Your Name: _____, _____, _____
FIRST MIDDLE LAST

Your Street Address: _____

Your City: _____ Your State: _____ Your Zip Code: _____

Your Social Security Number, if known: _____ - _____ - _____ Your Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

If you use other names (aliases), please provide those names: _____
ALSO KNOWN AS

Your Telephone Number (Optional): _____

To receive notice of a pending adoption you must provide a street address. This address cannot be a post office box. If you do not have a street address where you can receive notice of an adoption, you may designate another person as your agent to receive notice of any adoption that is filed regarding the mother and child listed on this form.

Agent's Name: _____

Agent's Street Address: _____

Agent's City: _____ Agent's State: _____ Agent's Zip Code: _____

**PLEASE COMPLETE THE BACK OF THIS FORM AND SIGN THE FORM
 YOUR REGISTRATION CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.**

REGISTRATION FORM

INFORMATION ABOUT THE CHILD'S MOTHER

Child's Mother's Name: _____, _____, _____
FIRST MIDDLE LAST

Child's Mother's Address: _____

Child's Mother's City: _____ State: _____ Zip Code: _____

Child's Mother's Social Security Number: _____ - _____ - _____ Child's Mother's Birth Date: _____ / _____ / _____
IF KNOWN MONTH DAY YEAR

In order to match you with your child we need as much information as possible. If you do not know the mother's date of birth, please provide us with her approximate age: _____.

If your child's mother uses other names (aliases), please provide those names: _____

INFORMATION ABOUT THE CHILD

Child's Name: _____, _____, _____
FIRST MIDDLE LAST

Date of Birth or Expected Date of Birth: _____ / _____ / _____ Gender: _____
MONTH DAY YEAR

Place of Birth: _____, _____, _____
HOSPITAL CITY STATE

If you do not know the child's expected date of birth, please provide a range of dates in which the birth might occur:

From: _____ / _____ To: _____ / _____
MONTH YEAR MONTH YEAR

Do you have an order by a court of another state or territory of the United States establishing you as the legal father of the child named above? _____

If yes, attach a certified copy of that order to this registration form.

Please return this registration form to:

**Fathers§ Adoption Registry
Minnesota Department of Health
Office of the State Registrar
P.O. Box 64882**

If there are any changes in the information you have provided, you must notify the Minnesota Department of Health. **If you fail to update the information you have provided, you may not receive notification of a pending adoption.** I have read and completed both sides of this form to the best of my ability.

Father's Signature: _____ **Date:** _____

By signing this form you are certifying to the data provided is true and accurate to the best of my knowledge.
Minnesota Statutes 259.52, Subdivision 5, prohibits falsifying information. Anyone who knowingly falsifies information shall be subject to criminal penalty.

If you are registering more than 30 days after the child's birth you will be required by the court to provide proof of the reason for the late registration, if court action is needed.

St. Paul, Minnesota 55164-0882

You will be mailed a verification of your registration within two weeks. If you have any questions or would like further information about the Registry, please call **toll-free 1-888-345-1726**.