

Minnesota Fathers' Adoption Registry (MFAR) Change of Address Form

To make sure you will receive notice if your child is in the adoption process, you must tell MFAR if your address changes.

Fill in this form to let MFAR know what your new address is. We will update your registration information.

Information about you – the putative father – so we can find your registration							
Your first na	t name Your middle name			Your last name	name		t name suffix
Your alias or other possible names					Your date of birth (MM/DD/YYYY)		
What is YOUR new mailing address?							
Mailing address (the court cannot send notification to a PO Box)			ox)	City		State	ZIP Code™
What is the NEW address of the person who is willing to receive notice for you?							
Physical address for service of notification				City		State	ZIP Code™
Return this form by email, mail, or fax to:							
By email:	health.far@state.mn.us		I certify that the updates to my registration are true				
by cilian.			and correct.				
Py foy:	866-416-1357		Putative Father's Signature				
By fax:							
	Minnesota Departm						
By mail:	Minnesota Fathers' Adoption Registry PO Box 64499		Date				
	St. Paul MN 55164-0	499					

Minnesota Department of Health Minnesota Fathers' Adoption Registry PO Box 64499 St. Paul, MN 55164-0499 651-201-5970 health.far@state.mn.us www.health.state.mn.us

04/01/2021

To obtain this information in a different format, call 651-201-5970.