

## Minnesota Fathers' Adoption Registry (MFAR) Search Request

Use this form to request a search for a putative father in the Minnesota Fathers' Adoption Registry (MFAR). Only those listed in the "Authority to request and get search results..." section may request a search. The Minnesota Department of Health certifies search results only if you have a right to the information.

This request can only be fulfilled by the Office of Vital Records (Minnesota Department of Health); it's not available through county vital records offices.

Person requesting search				
Requester first name	Requester last name		Requester phone (10-digits)	
Requester agency or office name			Requester email	
Mailing or delivery address (Express delivery services will not deliver to PO boxes or APO addresses)			Requester city	State
			Zip code	
Authority to request and get search results for the child named in the request (check one)				
<input type="checkbox"/> I am the birth mother. <input type="checkbox"/> I am supervising the adoptive placement. <input type="checkbox"/> I am a social services representative that is the petitioner in a juvenile protection matter. <input type="checkbox"/> I am an attorney and I represent the birth mother or the prospective adoptive parents. <input type="checkbox"/> My MN Attorney License Number is _____. Non-MN attorneys: Attach a copy of your license <input type="checkbox"/> I represent the <b>county agency</b> responsible for the report required under <i>Minnesota Statutes, section 259.53, subdivision 1</i> . <input type="checkbox"/> I am a child support representative responsible for establishing a support obligation.				
Child information				
Child's first name	Child's middle name	Child's last name	Suffix	
Child's date of birth (or estimated date of birth) (mm/dd/yyyy)			Child's sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	
Child's place of birth (Hospital name)			Child's city and State of birth	
Mother information				
Mother first name	Mother middle name	Mother last name	Suffix	
Mother's alias or other possible names		Date of birth (mm/dd/yyyy)	Social Security number (if known)	
Mother's mailing address			Mother's city	State
			Zip code	
Putative father information — complete as much information you know				
Putative father's first name	Putative father's middle name	Putative father's last name	Suffix	
Putative father's alias or other possible names		Date of birth (mm/dd/yyyy)	Social Security number	
Putative father's mailing address			Putative father's city	State
			Zip code	

MFAR SEARCH REQUEST

<b>Requester Name:</b>		
<b>Requester signature</b>		
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.		
Requester's signature	Date of signature	
<b>Fees</b>		
MFAR search requested by birth mother, adoption agency, social services representative, attorney, or county agency	<b>Fee</b>	
	<b>\$25</b>	
MFAR search requested by child support agency representative	<b>\$0</b>	
<b>Processing</b>		
Standard — request processed in the order received	<b>Fee</b>	
	<b>\$0</b>	
Faster — request handled ahead of standard requests <i>(doesn't include express delivery)</i>	<b>\$20</b>	
<b>Shipping</b>		
Regular first-class mail	<b>Fee</b>	
	<b>\$0</b>	
Express delivery <i>(Check here <input type="checkbox"/> to require a signature.)</i>	<b>\$21</b>	
<ul style="list-style-type: none"> <li>▪ <b>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.</b> Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>▪ For delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>	<i>Fees are due with the application and are non-refundable.</i>	
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code
<input type="checkbox"/> <b>Check</b> Check #	<b>Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.	
<input type="checkbox"/> <b>Money order</b> Money order#		
<b>Send your application and payment to:</b>		<b>Incomplete requests</b>
Minnesota Department of Health Office of Vital Records <b>Mail:</b> PO Box 64499, St. Paul, MN 55164-0499 <b>Fax:</b> 866-416-1357 (credit card payments only) <b>Courier/express delivery:</b> 625 Robert St. N, St. Paul, MN 55155 <i>(no vital-records counter service at this location)</i>		The Office of Vital Records returns applications that are incomplete, not signed, or not paid in full at the time of application. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to search MFAR.
If you have <b>questions</b> , contact the Office of Vital Records at <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.		