

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 name	Your middle name	Your last name	Last 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)	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 By fax: 866-416-1357 By mail: Minnesota Department of Health Minnesota Fathers' Adoption Registry PO Box 64499 St. Paul MN 55164-0499		I certify that the updates to my registration are true and correct. Putative Father's Signature <hr/> Date	

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.