

Minnesota Fathers' Adoption Registry (MFAR) Search Request

Minnesota law specifies who may request a search of the Minnesota Fathers' Adoption Registry (MFAR). Only those listed in the "Authority to request and get search results..." section may fill out this form to search for a putative father in MFAR. The Minnesota Department of Health certifies search results only if you have a right to the information; you supply the required information on this form and pay the fee.

Person requesting search must fill out this section

Requester first name	Requester last name	Requester phone (10-digits)	
Requester agency or office name		Requester email	
Requester mailing or delivery address (UPS® 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—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 and I represent the birth mother or the prospective adoptive parents.
 My MN Attorney License Number is _____. Non-MN Attorney - attach a copy of your license
 I represent the **county agency** responsible for the report required under *Minnesota Statutes, section 259.53, subdivision 1*.
 I am a child support representative responsible for establishing a support obligation. *Minnesota Statutes, section 259.52, subd. 3*.

Child information — we need this information to find the MFAR record

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 — you must complete this section

Mother first name	Mother middle name	Mother last name	Suffix
Mother's alias or other possible names		Mother's date of birth mm/dd/yyyy	Social Security number (if known) xxx-xx-xxxx
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		Putative father's date of birth mm/dd/yyyy	Social Security number (xxx-xx-xxxx)
Putative father's mailing address		Putative father's city	State ZIP Code™

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.

Requester's signature	Date of signature
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Requester first name	Requester last name	
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 – your 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		
<p style="text-align: center;">For UPS® delivery, check here to require a signature. <i>The Office of Vital Records and UPS® are not responsible for deliveries that do not require a signature.</i> UPS® will not deliver to PO boxes or APO addresses.</p>		
Cost of certification + processing + delivery = TOTAL AMOUNT DUE		
Fees are due at the time of application and are non-refundable. (Minnesota Statutes, section 144.226)		
How do you want to pay?		
Credit Card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code
Check	Check # _____	Make check or money order payable to 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.
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 866-416-1357
The Office of Vital Records returns applications that are incomplete or not paid in full at the time of application.		

If you have **questions**, contact health.vitalrecords@state.mn.us or 651-201-5970.