

Instructions to register your name with the Minnesota Fathers' Adoption Registry

COMPLETE THE FORM. PROVIDE ACCURATE INFORMATION.

A man who registers with the Minnesota Fathers' Adoption Registry (MFAR) believes he may have had a child with a woman to whom he is not married. An MFAR registration is a way for the man to learn if the child is the subject of an adoption in Minnesota. A voluntary registration with MFAR does not make the man the child's legal father.

Registration instructions

Use this form to register with MFAR if you think you may be a father. The information you provide on the registration form becomes part of the MFAR database.

Follow the sections below as you complete your registration form. Please provide as much information and be as clear as you can.

Send the signed registration form by regular mail or fax. See the lower right corner of the registration form for the mailing address and fax number. The Minnesota Department of Health will enter your information into the database and mail you a confirmation of your registration.

Information about you – the putative father

This is a required section. Fill in all the required data fields.

A putative father is a man who thinks he may have fathered a child with a woman to whom he is not married. He has not established a father and child bond with a court action or a voluntary recognition of parentage form.

- Fill in your full name
- Fill in other names that you might be known by – especially names that the mother of the child may know you by
- Fill in your street address (the court cannot send notification to a PO Box)
- If you do not have a street address, you may choose someone who does have a street address and who is willing to receive notice for you

NOTE: You must let MFAR know when your address information changes. If your address changes and you have not updated MFAR, you will not receive notice if your child is in the adoption process.

Mother information and Child information

Fill out these sections as best you can. Give as much information as possible. It is okay if you do not know some of the information. The more information you can give about the mother and child increases the possibility of finding you in a search of the registry.

Court orders

If a court in another state or U.S. territory has NOT named you as the legal father of the child, answer 'No'.

If a court in another state or a territory of the United States HAS named you as the legal father of the child, answer 'Yes'. Fill in the court file number and send a certified copy of the court order with your MFAR registration form.

Putative father's statement and signature

You must fill in this section.

Read the statement. Sign and date the registration form.

NOTE: If you do not sign the form, the Minnesota Department of Health cannot register you in MFAR.

Return this registration form

Send the signed registration form by regular mail or fax. See the bottom right corner of the registration form for the mailing address and fax number.

What happens after I register?

When MFAR receives your registration form, we will enter the information into the registry. About two weeks after that, the Minnesota Department of Health will send you a Registration Confirmation form. Make sure that the information on the Registration Confirmation form is correct. If something is wrong, make corrections on the form and return the form to MFAR. We will correct the information in the registry.

MFAR will send a letter to the mother named on the registration form about your MFAR registration.

What comes next?

Before an adoption is complete in Minnesota, the law requires a search of MFAR. If the child associated with your registration is the subject of an adoption in Minnesota, you will get a notice. The notice will go to the address in MFAR and tell you about the options you have and actions you may take.

NOTE: You will not receive reminders from MFAR to update your information on the registry. **If your address changes you must let MFAR know. This is to make sure you receive notice if your child is in the adoption process.** Send MFAR the Registration Confirmation form or the MFAR Change of Address form with your new address.

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

04/01/21

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

Minnesota Fathers' Adoption Registry Registration Form

Fill in this form to register with the Minnesota Fathers' Adoption Registry (MFAR). Register before the birth or within 30 days of the child's birth. MFAR protects the rights of putative fathers and adoptive families. You are a putative father if you:

- think you may be the father of a child
- are not married to the child's mother
- have not established paternity for the child in a court or through a voluntary acknowledgement form
- want to get notification if the child is the subject of an adoption in Minnesota

Registration is voluntary and available to men of any age.

Minnesota law requires a search of MFAR before completing an adoption. If the MFAR search results show the putative father's name, a mailed notice must go to the father's address on file in MFAR. *Minnesota Statutes, section 259.52.*

Information about you—the putative father—you must supply this information

Putative father's first name	Putative father's middle name	Putative father's last name	Last name suffix
Putative father's alias or other possible names		Date of Birth MM/DD/YYYY	Social Security Number (if known)
Mailing address (the court cannot send notification to a PO Box)		City	State ZIP Code™
Physical address for service of notification		City	State ZIP Code™

Mother information, complete as much information as known

First name of child's mother	Middle name of child's mother	Last name of child's mother	Last name suffix
Address of child's mother		City	State ZIP Code™
Alias or other possible names of child's mother		Date of Birth MM/DD/YYYY	Social Security Number (if known)

Child information, complete as much information as known

Child's first name	Child's middle name	Child's last name	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)		City and State of Birth	

Court orders—you must answer the court order question

Has a court in another state or territory of the United States recognized you as the legal father of this child?
☐ No ☐ Yes If yes, write in the court file # _____ and attach a certified copy of the court order.

Putative father, you must read the statement and sign below

The information on this registration form is true and correct to the best of my knowledge. **I understand that**

- If I register false information on purpose, I am guilty of a crime.
- The information I register is private. Only people authorized to search MFAR have access to my information.
- I must keep my address information in MFAR up to date so I can receive notice of an adoption.

Return this registration form

By mail: Minnesota Department of Health
 Minnesota Fathers' Adoption Registry
 PO Box 64499
 St. Paul MN 55164-0499

By fax: 866-416-1357

Putative Father's Signature

Date

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