Minnesota Fathers' Adoption Registry Registration

Use this form to register or update your registration with the Minnesota Fathers' Adoption Registry (MFAR). Register with MFAR if you believe you have fathered a child and are not married to the child's mother; have not established paternity for the child in a court or through a voluntary acknowledgement form; and want to know if the child is the subject of an adoption in Minnesota. Register before or within 30 days of the child's birth. *Minnesota Statutes, section 259.52*. You can also register online at: https://mfar.web.health.state.mn.us.

Learn more about MFAR on the MDH website at www.health.state.mn.us. Search for "Minnesota Fathers' Adoption Registry."

☐ **First-time registration:** I'm registering with MFAR for the first time.

☐ **Registration update:** I'm currently registered in MFAR and using this form to update my information.

REQUIRED: Putative father's information (information about you)			
First name	Middle name	Last name	
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 notification of adoption proceedings	City	State	Zip code

Child's mother's information (provide as much information as possible)			
First name	Middle name	Last name	
Address	City	State	Zip code
Alias or other possible names	Date of birth (MM/DD/YYYY)	Social Security number (if known)	

Child's information (provide as much information as possible)		
Child's first name	Child's middle name	Child's last name
Date of birth (or estimated date of birth) (MM/DD/YYYY)	Child's sex ☐ Female ☐ Male ☐ Unknown	
Place of birth (hospital name)	City and state of birth	

REQUIRED

Has a court in Minnesota or 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.

Read the statement and sign and date below	**Submit this form**
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 and registration information in MFAR up to date so I can receive notice of an adoption.	**By mail:** Minnesota Department of Health Minnesota Fathers' Adoption Registry PO Box 64499 St. Paul MN 55164-0499 **By fax:** 866-416-1357 Contact health.FAR@state.mn.us or 651-201-5970 with questions.
Putative father's signature	Date