

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

COMPLETE THE FORM. PROVIDE ACCURATE INFORMATION

The Minnesota Fathers' Adoption Registry (MFAR) is a database of information about men who have registered because they think they may be fathers of children. MFAR provides a way to notify men who have registered if the child is the subject of an adoption in Minnesota. Registering with MFAR does not establish a man as a child's legal father. Registration is voluntary.

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 by 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 of the required data fields.

A putative father is a man who thinks he may 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 are in charge of letting 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 identifying 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

This is a required 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?

Approximately two weeks after MFAR receives your registration form and enters your information into the registry, 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. 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?

Minnesota law requires a search of MFAR before completing an adoption. A notice will go to the address on file for you in MFAR if the child associated with your registration is the subject of an adoption in Minnesota. The notice will inform you of options you have and actions you may take.

NOTE: You will not receive any reminders to update your information on the registry. **If your address changes you must notify MFAR to make sure you will receive notice that your child is in the adoption process.**

Minnesota Department of Health
Minnesota Fathers' Adoption Registry
PO Box 64499
St. Paul, MN 55164-0499
651-201-5994
www.health.state.mn.us

06/03/20

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

Complete 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 be notified 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 finalizing an adoption. If the search of MFAR identifies the putative father, a notice must be mailed to the father's address on file in MFAR. *Minnesota Statutes, section 259.52.*

Information about you—the putative father—required			
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 <small>mm/dd/yyyy</small>	Social Security Number (if known)
Mailing address (the court cannot send notification to a PO Box)		City	State
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 <small>mm/dd/yyyy</small>	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) <small>mm/dd/yyyy</small>		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—answer required			
Has a court in another state or territory of the United States established you as the legal father of this child?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide the court file # _____ and attach a certified copy of the court order.			
Putative father's statement and signature—required		Return this registration form	
The information on this registration form is true and accurate to the best of my knowledge. I understand that		By mail: Minnesota Department of Health Minnesota Fathers' Adoption Registry PO Box 64499 St. Paul MN 55164-0499	
<ul style="list-style-type: none"> ▪ If I register false information on purpose, I am guilty of a crime. ▪ The information I register is private. Only those authorized to search the registry have access to my information. ▪ I must keep my address information in MFAR up-to-date so I can receive notice of an adoption. 		By fax: 651-201-5740	
Putative Father's Signature		Date	

If you have **questions**, contact health.FAR@state.mn.us or 651-201-5994