

The Minnesota Fathers' Adoption Registry (MFAR) protects the rights of putative fathers and adoptive families. Complete this form to register with MFAR for a child who you think is yours. Registration is voluntary and available to men of any age. **Complete this form before the birth or within 30 days of the child's birth 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 petition in Minnesota

Minnesota law requires MFAR to be searched and putative fathers who have registered in relation to a child who is or may be the subject of an adoption in Minnesota to be notified before the adoption can be finalized.

Information about you—the putative father—required			
First Name	Middle Name	Last Name	Suffix
Alias or other possible names		Date of Birth mm/dd/yyyy	Social Security Number
Mailing Address		City	State ZIP
Physical Address for service of notification		City	State ZIP
Mother Information—complete as much information as known			
First Name	Middle Name	Last Name	Suffix
Address		City	State ZIP
Alias or other possible names		Date of Birth mm/dd/yyyy	Social Security Number (if known)
Child Information—complete as much information as known			
First Name	Middle Name	Last Name	Suffix
Date of Birth (or estimated date of birth) mm/dd/yyyy		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	
Place of Birth (Hospital Name)		City and State of Birth	
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 (provide the Court file # _____ and attach a certified copy of the court order).			
The information I am registering is true and accurate to the best of my knowledge. I understand that if I register false information on purpose, I am guilty of a misdemeanor. I understand that information I register is private and that only those authorized to search the registry have access to this information. I understand that I must keep my registration current and notify MFAR if my contact information changes to be notified of adoption proceedings.			
Putative Father's Signature—required		Return this registration form	
		Mail	Minnesota Fathers' Adoption Registry Minnesota Department of Health P.O. Box 64499 St. Paul, Minnesota 55164-0499
		Fax	651-201-5750
Date		Email	FAR@state.mn.us