



Foster Adopt Minnesota
2446 University Ave W.
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St. Paul, MN 55114

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FosterAdoptMN.org

POST SEARCH PROGRAM FORM

After completing this Search Form, please return to Foster Adopt Minnesota (FAM) via email (search@fosteradoptmn.org) or postal mail: **Foster Adopt Minnesota—Post Search Program | 2446 University Avenue W. | Suite 140 | Saint Paul, MN 55114**

*PLEASE NOTE:

** If you are a child or grandchild of an adoptee, you must have written permission from the adopted person to request a search. The written permission must be notarized. If you are a child of an adoptee and the adopted individual is deceased, you will be asked to provide the death certificate and your birth certificate. Please send a copy of the requested documents with this form via email or postal mail.*

**If you know the adoption agency or county that facilitated the adoption, you may contact them directly for Post Adoption Services. If you do not know the agency or county that facilitated the adoption, please fill out the form below.*

Requestor Information:

If legal name has changed from what is listed on requestor's birth certificate or adoption decree, please include documentation of legal name change.

Current Legal Name: _____ **Maiden Name:** _____

Preferred Pronoun:

- | | |
|---------------------------------------|-------------------------------------------|
| <input type="checkbox"/> She/her/hers | <input type="checkbox"/> They/them/theirs |
| <input type="checkbox"/> He/him/his | <input type="checkbox"/> Other: _____ |

Mailing Address:

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Information:

Phone: _____ **Email:** _____

Your Role:

- | | |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Birth/First parent | <input type="checkbox"/> Adopted person |
| <input type="checkbox"/> Adoptive parent | <input type="checkbox"/> Child of adopted person |
| <input type="checkbox"/> Individual previously in foster care /
under State Guardianship | <input type="checkbox"/> Grandchild of adopted person |
| <input type="checkbox"/> Spouse of adopted person | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Other: _____ | |



Adoption Information:

Adopted individual’s birth name: _____ Adopted individual’s _____
date of birth:

Adopted individual’s name after adoption: _____

Birth parent(s) full name(s): _____
(Please include maiden name if known / if applicable)

Adoptive parent(s) full name(s): _____
(Please include maiden name if known / if applicable)

Agency/County that facilitated the adoption: _____

Court where adoption was finalized: _____ Date adoption finalized: _____

Information you are seeking:

- | | |
|------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Adoption Agency | <input type="checkbox"/> County and Date of Adoption Finalization |
| <input type="checkbox"/> Adoption Background Information* | <input type="checkbox"/> Original Birth Record (non-certified)* |
| <input type="checkbox"/> 100-year Adoption Record | <input type="checkbox"/> Other: _____ |

(100-year adoption record is only available after the 100th anniversary of adopted individual’s birthday. At the 100th anniversary of the adopted individual’s birthday, the adoption record becomes public)

**If requesting these services, you will be referred to the adoption agency/county that facilitated the adoption to receive post adoption services or to the Minnesota Department of Health*

My signature indicates that I have read this form and/or have had it read to me. I certify the information I am submitting is true and correct to my knowledge.

Requestor’s signature: _____ **Date:** _____

Foster Adopt Minnesota (FAM) may be able to provide funding assistance to eligible requestors. This assistance is available to cover fees for a variety of Post Adoption Services:

- **Search & Outreach, Correspondence with located birth family, Non-identifying Background Report, File Review.** Please contact your adoption agency for more information on how to apply for this funding
- **Ancestry DNA kits**—eligible requestors can apply for funding directly through FAM for an Ancestry DNA kit for the purpose of searching for birth family relatives
- **Citizenship Fees**—eligible requestors can apply for funding directly through FAM for fees related to U.S. citizenship

If interested in applying for Post Adoption Funding, please contact search@fosteradoptmn.org