Minnesota Department of **Human Services**

Post Adoption Search Information and Form

Who can search?

In Minnesota, adoption records are classified as confidential data. State law specifies that the following individuals can initiate a search:

- Adopted individual 19 years and older
- Genetic sibling, 19 years and older of an adoptee
- Adoptive parents
- Birth parents

How do I get started?

Complete the following form to request a search of adoption records at the Minnesota Department of Human Services (department).

When will I be notified?

You will receive a written response after a search is completed. If an adoption record is found, you will be provided the name of the agency that facilitated the adoption and the district court where the adoption was finalized.

What do I do with the information I receive?

You may contact the identified agency to discuss how to obtain the information you are seeking. Be aware that Minnesota law allows agencies to charge a fee for their services. In some situations, you may petition the district court and ask that both the natural birth and adoption records be released to you.

Can a child of an adoptee initiate a search?

If you are a child 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 must provide the death certificate and your birth certificate.

What about genealogy?

The department began maintaining adoption records in 1915, and in very few instances, has records prior to 1915. If you are seeking genealogy information, Minnesota law allows all adoption records to become public on the l00th anniversary of the adoption decree.

Are there other resources for search services?

The "Practice Guide for Post Adoption Search Services" lists many resources and is available on the department's website at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4701-ENG.

Attention. If you need free help interpreting this document, call 651-431-4656.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم 651-431-4656.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅតាមទូរស័ព្ទមកលេខ 651-431-4656 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite 651-431-4656.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau 651-431-4656.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ 651-431-4656.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsi bilbiltu 651-431-4656.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по телефону 651-431-4656.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, wac 651-431-4656.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al 651-431-4656.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số 651-431-4656.

LB2-0001B (3-13)

ADA2 (12-12)

This information is available in accessible formats for individuals with disabilities by calling 651-431-4656 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.

Clear Form

Minnesota Department of **Human Services**

DHS-6802-ENG 7-14

Post Adoption Search Form

Applicant Information

NAME (FIRST, LAST)	DATE OF BIRTH
ADDRESS	
CITY/STATE/ZIP CODE	PHONE

Your role

☐ Adopted individual, 19 years and older

☐ Genetic sibling, 19 years and older of an adoptee

☐ Birth parent

☐ Adoptive parent

☐ Other, specify in the space provided:_____

Adoption information

FULL LEGAL NAME AT BIRTH	FULL ADOPTIVE NAME	BIRTH MOTHER'S FULL NAME
BIRTH FATHER'S FULL NAME	ADOPTIVE MOTHER'S FULL NAME	ADOPTIVE FATHER'S FULL NAME
AGENCY/COUNTY THAT FACILITATED THE ADOPTION	COURT WHERE ADOPTION FINALIZED	DATE ADOPTION FINALIZED
INFORMATION YOU ARE SEEKING		

Signatures

(All search requests must be notarized)

_____
Applicant's name (please print)

_____
Applicant's signature

Date: _____

Subscribed and sworn to before me

This _____ day of _____, 20 _____

Notary Public_____

My commission expires _____

Mail this form to:

Minnesota Department of Human Services
Adoption Operations Unit
P.O. Box 64944
St. Paul, MN 55164-0944

FOR AGENCY USE ONLY		
DHS #	ROLL	FRAME
AGENCY	COURT	