

AFFIDAVIT AND ORDER FOR ADOPTION INFORMATION

*(Completed forms may be faxed to (612) 317-6117 Attn: Records OR
sent to Juvenile Justice Center - Records, 590 Park Ave, Minneapolis MN 55415)*

Name of Affiant (person completing form): _____

Current Street Address: _____
Street Apt. City State Zip Code

Phone Number of Affiant: (Home) _____ (Cell) _____

Name of Adopted Person: _____ A/K/A: _____

Adopted Person's Date of Birth: _____ Approximate Date of Adoption: _____

Name of Adoptive Parent(s): _____

Adoption Court File # (if known): _____ Your Relationship to adopted person: _____

Affiant, being duly sworn, affirms that the identifying information as stated-above is true and accurate.

Affiant further affirms that an Order of the Court is requested for the purpose of the affiant obtaining:

- A certified copy of an adoption decree. # of copies requested _____.
The fee is \$16.00 per copy payable to district court.
- Other document: [Must Specify] _____

Which is information required for the following purpose:

- Social Security
- Passport
- Birth Certificate
- Personal Reasons (provide explanation): _____
- Other (provide explanation): _____

Dated: _____

Affiant's Signature

Subscribed and sworn to before me on this:
_____ day of _____, 20_____

Notary Public / Deputy

ORDER

Based upon the foregoing Affidavit and consistent with Minnesota law,

- the request is denied.
- the Clerk of the above-named Court is authorized and directed to deliver to said affiant

Dated: _____

Judge of District Court — Juvenile Division

FOR OFFICE USE ONLY: ID Checked Mail out document(s) Call for pick-up
 Fee is attached Fee is due Put in access basket on _____