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| State of Minnesota |  |  | **District Court** |
|      County |  | Judicial District: |       |
|  |  | Court File Number: |       |
|  |  | Case Type: | **Adoption** |

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| In the Matter of the Petition of: | Petition to Access Adoption Case Records, Birth Parent Identifying Information, and/or Birth Record Information(Minn. Stat. § 259.61, §259.83, and § 259.89, andRules 7.02 and 7.07 of the Rules of Adoption Procedure) |
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**Petitioner’s Information**

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am related to the adopted person as follows:

[ ]  I am the adopted person

[ ]  I am a sibling of the adopted person

[ ]  I am a biological parent of the adopted person

[ ]  I am an adoptive parent of the adopted person

[ ]  Other:

**Procedural History**

1. a. The name and date of birth of the adopted person whose adoption records are being requested:
 Name: DOB:

[ ]  I am unsure of the name and/or date of birth of the adopted person

b. The name(s) of the adoptive parent(s):

 [ ]  I am unsure of the name(s) of the adoptive parent(s).

c. The name(s) of the biological parent(s):

 [ ]  I am unsure of the name(s) of the biological parent(s)

1. The adoption took place in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Minnesota

[ ]  I am unsure of the county in which the adoption took place

1. The adoption occurred on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I am unsure of the date of the adoption

**Information Being Requested**

1. I am requesting access to the following information (check all that apply):

[ ]  Adoption petition

[ ]  Adoption order

[ ]  Birth Parent(s) Identifying Information (Minn. Stat. § 259.83)

[ ]  Original Birth Record Information (Minn. Stat. § 259.89)

 [ ]  I specifically want to know the name of one or more of my biological parents.

[ ]  Identity of adopted person’s tribal affiliation (adopted person is at least 18 years of age)

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If requesting Original Birth Record Information (Minn. Stat. § 259.89):
	1. I am an adopted person who is at least 19 years of age, and my date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (date) I contacted the Minnesota Department of Health requesting information from my original birth record.
	3. It has been at least six months since the request was made and I have not been notified whether a parent has filed an unrevoked affidavit of nondisclosure of identifying information.

**Impact of Request for Access**

1. The names and addresses of all persons who may be affected by this request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The benefit of allowing me the information that I am asking for outweighs the importance of keeping the information confidential because:

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1. The reason, if any, that the Minnesota Department of Health, the Minnesota Department of Human Services, or other agency refused to give me access to the information I want is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated:

 Signature

 Name:

 Address:

 City/State/Zip:

 Telephone: ( )

 E-mail address: