

State of Minnesota

District Court

County

Judicial District:	_____
Court File Number:	_____
Case Type:	Adoption

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, and
Rules 7.02 and 7.07 of the Rules of Adoption
Procedure)

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

2. 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)
3. The adoption took place in _____ County, Minnesota
 I am unsure of the county in which the adoption took place
4. The adoption occurred on the following date: _____
 I am unsure of the date of the adoption

Information Being Requested

5. 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: _____

6. If requesting Original Birth Record Information (Minn. Stat. § 259.89):
- a. I am an adopted person who is at least 19 years of age, and my date of birth is _____
 - b. On _____, (date) I contacted the Minnesota Department of Health requesting information from my original birth record.
 - c. 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

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

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

9. 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:

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: _____