

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: _____

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: _____

Document(s) requested:

A certified copy of an adoption decree. # of copies requested _____.
The fee is \$14.00 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): _____

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

Dated: _____

Affiant's Signature

County and State where signed: _____

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