



**Foster Adopt Minnesota**  
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[FosterAdoptMN.org](http://FosterAdoptMN.org)

## POST SEARCH PROGRAM FORM—FOSTER CARE RECORD SEARCH

This form is for individuals who were not adopted. If you are an individual and the adoption was finalized, please complete the Post Search Program Form. After completing this Search Form, please return to Foster Adopt Minnesota (FAM) via email ([search@fosteradoptmn.org](mailto:search@fosteradoptmn.org)) or postal mail: **Foster Adopt Minnesota—Post Search Program | 2446 University Avenue W. | Suite 140 | Saint Paul, MN 55114**

PLEASE NOTE: *\*If you know the agency or county involved with foster care, you may contact them directly for services. If you do not know the agency or county, please fill out the form below.*

### REQUESTOR INFORMATION:

**Current Legal Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

### **Preferred Pronoun:**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> She/her/hers | <input type="checkbox"/> They/them/theirs |
| <input type="checkbox"/> He/him/his   | <input type="checkbox"/> Other: _____     |

### MAILING ADDRESS:

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### CONTACT INFORMATION:

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### FOSTER CARE INFORMATION:

**Name at the time of foster care:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent full name(s):** \_\_\_\_\_

(Please include maiden name if known / if applicable)

**Agency/County involved with foster care:** \_\_\_\_\_

**Dates in foster care:** \_\_\_\_\_



**INFORMATION YOU ARE SEEKING:**

- Agency / County involved with foster care  Foster Care Records\*  
 Other: \_\_\_\_\_

*\*If requesting these services, you will be referred to the agency/county involved with foster care for services*

**Additional information you would like to share:**

**My signature indicates that I have read this form and/or have had it read to me. I certify the information I am submitting is true and correct to my knowledge.**

**Requestor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Foster Adopt Minnesota (FAM) may be able to provide funding assistance to eligible requestors. This assistance is available to cover fees for a variety of Post Adoption Services:**

- **Search & Outreach, Correspondence with located birth family, Non-identifying Background Report, File Review.**  
Please contact your agency for more information on how to apply for this funding
- **Ancestry DNA kits—eligible requestors can apply for funding directly through FAM for an Ancestry DNA kit for the purpose of searching for birth family relatives**
- **Citizenship Fees—eligible requestors can apply for funding directly through FAM for fees related to U.S. citizenship**

If interested in applying for Post Adoption Funding, please contact [search@fosteradoptmn.org](mailto:search@fosteradoptmn.org)