



Lutheran Social Service  
*for changing lives*

## BIRTH PARENT SEARCH PACKET

Thank you for getting in touch with LSS. We look forward to working with you on your search. The process described below involves LSS conducting the search for your son/daughter based on the identifying information contained in our files.

This packet contains information about the search process. It will provide you with forms needed for the search, suggestions for writing a letter to your son/daughter, and information on fees and our “Orientation to Searching” workshop, and a form to file an Affidavit of Disclosure/Non-Disclosure with the Minnesota Department of Health.

**The Search forms:** You will need to fill out four forms for LSS and enclose a letter for your son/daughter.

1. The information sheet: This is for internal reference purposes. Please fill out only those sections which apply to you.
2. The search payment contract: Please fill out the top section of this form, date, sign and include your \$100 deposit.
3. The search service plan: Please read the explanation of our service plan within the search process, date and sign.
4. The release of information form: Please sign and complete this form. We will share only the information which you authorize us to share. Your worker will discuss this form with you prior to sharing any identifying information. This form **MUST** be notarized.

You will also need to write a personal letter to your son/daughter. Please include this with your forms. This letter is an introduction to your son/daughter and is made available to them at the point of contact. It has proven to be very helpful as contact is initiated. An outline with suggestions is enclosed.

There may be a wait of approximately three to four months before the search begins. The \$100 non-refundable deposit is required at the time you submit your forms. This is not an additional charge, but is part of your search fee. We will notify you when your search is almost ready to begin to allow you time to send us the remaining balance. We ask that your search fee be paid in full before your search begins. When we are ready to begin, you will hear from your worker by phone, to discuss the process and answer any questions you may have. We look forward to working with you!

**Fees:**

Our full search fee is \$750. If updated information has been added to your file by your son or daughter and remains **current**, then the fee is \$300 instead of the full search fee. This reduced fee covers the cost of intermediary service, such as explaining your interest in having contact, explaining options, providing support and resources, etc.

Fee adjustments can be made for people whose **household** incomes are \$50,000 or less. If you feel you qualify for a fee adjustment, please send us verification of ALL sources of household income. Verification may be a copy of your paycheck, your monthly grant, or a copy of your most recent tax return. We will reply in writing with the adjusted fee amount.

We have included an Affidavit of Disclosure/Non-Disclosure. This affidavit gives the Minnesota Department of Health permission to release the original birth certificate to your son/daughter if it is ever requested. Please send your completed form directly to the Minnesota Department of Health.

We welcome the opportunity to meet with you in person, if you would like to do so, to discuss the search process. If you would like to schedule an appointment, please call us. You may bring your search forms and fee to that meeting, if you are ready to submit them.

We periodically sponsor an “Orientation to Searching” workshop, which provides information and support to those who are beginning this process. The workshop includes adopted adults, birth parents, and adoptive parents who have been through the search process. Please inquire if you are interested in an upcoming workshop. We also list these workshops on our website. We welcome you to attend!

We hope that the above process is clear and helpful. If you have any further questions, please feel free to contact us at (612) 879-5248. We look forward to working with you in the near future.

Sincerely,

Lutheran Social Service Post Adoption Staff

## FOR YOUR INFORMATION

Birth mothers and Birth fathers (birth fathers named on the original birth certificate, adjudicated, or willing to acknowledge paternity in writing) have a right to request:

1. A copy of any document they signed for the agency, including the Agreement Conferring Authority to Place Child ("surrender")
2. Non-identifying information about the adopted person's family and file check for updates
3. Updated non-identifying information about the adopted person's placement, the adoptive parent can refuse this request on behalf of the adopted person under 19 years of age.
4. To have contact with the adoptive parents whether directly or with the agency as an intermediary. The adoptive parents can refuse this request.
5. To have contact with the adopted person 19 years of age or older, either directly or with the agency acting as intermediary. The adoptive person can refuse this request. The knowledge or consent of the adoptive parents is not required.
6. A copy of the original birth certificate available from the Minnesota Department of Health, Section of Vital Statistics to the birth parents named on the original birth certificate.
7. A birth parent\* can sign an affidavit of disclosure or non-disclosure (revocable at any time) of the original birth certificate information. This affidavit is filed with the Minnesota Department of Health. If an affidavit of disclosure is filed, the original birth certificate information will be given directly to the adopted adult, if it is requested from the Minnesota Department of Health. Birth parents can also indicate on the affidavit whether or not they give consent to have their address directly released.

Adoptive Parents have the right (for themselves or on behalf of the adopted person under 19 years of age) to request:

1. Non-identifying information about either birth parent, including file check for updates.
2. Updated non-identifying information about either birth parent\*. The birth parent can refuse this request.
3. To have contact with one or both birth parents, either directly or with the agency acting as intermediary. The birth parent can refuse this request.

Adopted persons at least 19 years of age have the right to the following without the adoptive parent's knowledge or consent:

1. Non-identifying information about either birth parent, including file check for updates
2. To request updated non-identifying information about either birth parent.\* The birth parent can refuse this request.
3. To have contact with one or both birth parents\*, either directly or with the agency acting as intermediary. The birth parent can refuse this request.
4. To request a copy of the original birth certificate from the Minnesota Department of Health, Section of Vital Statistics. The request can only be granted if Birth parent(s)\* have filed an "Affidavit of Disclosure," with the Health Department.
5. Adopted Adults born or placed on or after Aug. 1, 1982 may request updated identifying information, pertaining to the birth parent named on the original birth certificate, from the placing agency. If there is no affidavit of objection on file from the birth parent(s), the agency will provide the last known name and address, date and place of birth of the birth parent(s) to the adopted adult.

Other persons at least 19 years of age born to either birth parent have a right to request:

Information about or contact with any other child born to either birth parent\* who is also at least 19 years of age. The other person can refuse this request. The consent of the birth parent(s)\* is also required if either child knows the identity of the birth parent.

### Medical Information

The agency will make a diligent effort to transmit any medical information that may affect the mental or physical health of genetically related persons. This information is provided to the adoptive parent until the adopted person reaches 19 years of age, at which time the information is provided directly to the adopted person.

### Death and Terminal Illness Notification

Adoptive parents of a child under the age of 19 years of age, or adopted persons age 19 or older, who wish to be notified of the death or terminal illness of a birth parent, must inform the adoption agency of this desire, and must

keep the agency informed of their current address and telephone number. Then, if the agency receives verification of the death or terminal illness of the birth parent, this information will be passed on.

A birth parent that wishes to be informed of the death or terminal illness of the child who was adopted, must notify the adoption agency of this desire, and must keep the agency informed of their current address and telephone number. Then, if the agency receives verification of the death or terminal illness of the child, this information will be passed on.

#### Petitions and Court Orders on Confidential Records

Confidential records include sealed original birth certificates, agency adoption records, and court adoption files.

If a birth parent is deceased, cannot be located, has signed an affidavit of non-disclosure, or has failed to file either an affidavit of disclosure or non-disclosure on the original birth certificate, the adopted person has the right to petition the court for a court order releasing the requested information. A birth parent may file an affidavit objecting to disclosure of information about himself/herself only. The agency may also communicate with the court about the status of the case.

The law provides for the right of any party to the adoption to petition the court for release of identifying information for "good cause." "Good cause," is determined by the court ruling on the petition. The petitioner does not need an attorney to petition the court, but simply writes a letter of petition "pursuant to Minnesota Statute, Sec.259.31" to the judge explaining what information is requested and the reasons for wanting that information.

Adoptive parents and adopted persons have the right to know which court finalized the adoption. Birth parents can petition the court in the county where court termination of their parental rights occurred, or the court in their county of residence.

#### General Information

1. The agency has the right to charge reasonable fees for providing information or search assistance. Further, the agency has the right to require that the fee be paid in full before service is provided.
2. It is the client's responsibility to clarify his/her service needs, respond promptly to agency correspondence and to be timely with fee payments.
3. The client has the right to be given a reasonable time frame in which search will be completed.
4. If the client is dissatisfied with the services received, the matter should be discussed with the worker assigned to the case. If this does not result in a satisfactory solution to the problem. The client should contact the worker's supervisor. If there still are service concerns, the client should contact the Adoption Unit, Minnesota Department of Human Services, 3<sup>rd</sup> Floor, 444 Lafayette Road, St. Paul, Minnesota, 55155-3811.

#### Another Resource

The International Soundex Reunion Registry is available to persons over the age of 18, and there is not charge to register. It is not a search service, because it is passive system, it only works if both parties are registered. The International Soundex Reunion Registry is not affiliated with Minnesota's public or private adoption agencies. Their address is:

ISSR  
P.O. Box 2313  
Carson City, Nevada 87902  
Phone number: (775)-882-7755

*Note: \* signifies the birth mother and/or birth father named on the original birth certificate, adjudicated, or have acknowledged paternity. The legally established birth parent.*

## FREQUENTLY ASKED QUESTIONS

### **How do I begin the process of searching for my birth parents or searching for my son or daughter?**

Simply download the forms from our web site [www.minnesotaadoption.org](http://www.minnesotaadoption.org) and click on Post Adoption Services or call us at 612-879-5248 and request that search forms be sent to you. Send the completed forms and deposit back to us and your search will be placed on our waiting list. We will send you a letter to confirm the receipt of all search forms and materials.

### **Can I search for both of my birth parents?**

We only search for a birth parent if (s)he was **legally** identified as the birth parent. **Therefore, we can always conduct a search for your birth mother.** We only conduct a search for a birth father if he signed paternity affidavits or was adjudicated in court. We can check the file to let you know if this is an option. The fee that you pay covers the cost of one search.

### **What happened if my birth parent does not want any contact with me, or if the search reveals that (s)he is deceased?**

If your birth parent initially does not desire contact, we would encourage her/him to think about it further and we would attempt to provide support/resources to the birth parent. If a firm decision for no contact is made, we would attempt to gather updated health history from your birth parent and provide that information to you, along with any other information your birth parent may provide. If your birth parent is deceased, we would attempt to contact a closed relative if you desire contact with a relative. Also if birth mother is deceased you may want to consider petitioning the court for your original birth certificate.

### **I have a health problem and I am wondering what to do to get updated health information from my birth family?**

We can check the file for any health history, which had previously been recorded. We can also search for your birth parent (legally established birth parent). We request that your physician provide us with a list of specific medical questions as well as a statement as to the medical urgency of the request. Requests deemed urgent **by your physician** are given priority.

### **How do I get a copy of my original birth certificate?**

If you were born in Minnesota your original birth certificate is at the Minnesota Department of Health. You need to submit a "Search for Affidavit of Disclosure" form, to find out whether your birth mother has given permission for the birth certificate to be released. If the Health Department has her permission on file they will release the birth certificate to you. Download this form from the Health Department web site at [www.health.state.mn.us](http://www.health.state.mn.us) and link to "birth records after an adoption."

**I am not sure which agency handled my adoption or the placement of my child, what do I do?**

You should write Jamie Lee at Minnesota Department of Human Services, Adoption Unit, P.O. Box 64944, St. Paul, MN 55164. Include your date of birth and your adoptive parents' names. If you are a birth parent you need to include the child's date of birth and birth mother's name at the time. You will then be referred to the correct agency.

**How does LSS search and how do you contact my birth parents? (or son or daughter)**

We utilize many different computer databases, as well as public records and other resources such as newspapers, historical societies, vital records, etc. We attempt to reach the person directly if possible. We contact a family member on if it becomes necessary, and we do not violate and confidentiality in this process. When we locate the person for whom we are searching, we contact him/her by phone. We present your request for contact and offer much support throughout that phone call.

**If my birth parent (or son/daughter) refuses to have contact with me, or cannot be found, will my search fee be refunded to me?**

No, the fee is not refunded, as it covers the costs of conducting the search, but is not contingent upon the outcome.

**If my birth parent (or son/daughter) wants contact with me, what are my options?**

Some of this depends upon what information you have decided to release to this person on your Release of Information Form included in the search packet. The other party will also make decisions regarding preferences for contact. Your LSS worker is able to facilitate contact if needed, by forwarding letters, and/or helping to arrange phone calls, meetings, etc. for those who are not yet in direct contact with one another.

**I would like to search for my siblings, is this possible?**

If you are adopted and are aware of a sibling placed for adoption it is possible to conduct a search for this sibling, provided that neither of you know the birth parent's identity. If one of you has had prior contact with a birth parent then the birth parent's permission must be granted prior to the search for the sibling.

If you are adopted and are aware of an older child who remained with your birth parent, it is not possible to search for that sibling without the birth parent's permission.

If your parent (who raised you) placed a child for adoption, you must provide us with your parent's permission to search for your sibling, or if your parent is deceased, verification of death.

# POST ADOPTION INFORMATION SHEET

<i>Office Use Only</i>	
A	_____
U	_____
AA	_____

**PLEASE FILL OUT ONLY THE SECTIONS THAT APPLY TO YOU**

DATE \_\_\_\_\_

## ADOPTED ADULT PLEASE FILL OUT THIS SECTION

I. ADOPTIVE NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Married Name \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
\_\_\_\_\_ Drivers License \_\_\_\_\_  
Phone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Social Security # \_\_\_\_\_

II. ADOPTIVE PARENTS' NAMES \_\_\_\_\_  
(Lutheran Social Service of Minnesota will NOT be contacting them)

Address \_\_\_\_\_ Address at the time of placement: \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Phone \_\_\_\_\_ \_\_\_\_\_

III. SIBLING \_\_\_\_\_ Adopted \_\_\_\_\_  
Address \_\_\_\_\_ Non Adopted \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Phone \_\_\_\_\_

## BIRTH PARENT(S) PLEASE FILL OUT THIS SECTION

IV. BIRTH PARENT(S) \_\_\_\_\_  
Address \_\_\_\_\_ Maiden Name \_\_\_\_\_  
\_\_\_\_\_ Your son/daughter's date of birth \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Your Birthdate \_\_\_\_\_

**Please address all requests and correspondence to the attention of Post Adoption**

## POST ADOPTION SEARCH PAYMENT CONTRACT

Lutheran Social Service of Minnesota asks the person initiating a search to share in the expenses related to his/her request.

Name \_\_\_\_\_  
(First Name) (Maiden Name) (Last Name)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Hours \_\_\_\_\_

I agree to pay Lutheran Social Service of Minnesota a service fee of **\$750.00**, which is payable prior to the agency initiating services. (The service includes establishing the file, initial interview, worker time spent on the search and expenses such as phone calls and mileage). The search fee also includes locating the person, explaining your decision to search, providing support and counsel to parties involved and acting as an intermediary.

I understand that the fee is due prior to the initiation of the search and is payable regardless of the outcome of the search. I understand that the fee covers the cost of one search, i.e., locating and providing outreach service to one individual. I also understand that the **\$100.00** deposit is non-refundable.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please make checks payable to: **Lutheran Social Service-Post Adoption**. The search begins after the fee is paid in full and as soon as the case can be assigned to a Social Worker. Please direct all questions regarding your financial agreement to Post Adoption, Lutheran Social Service of Minnesota, 2400 Park Avenue, Minneapolis, MN 55404. Our office number is (612) 879-5248 or Toll free: (888) 205-3769 ext. 248.

Date Payment Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Balance \_\_\_\_\_

**Please address all requests and correspondence to the attention of Post Adoption**

## LSS POST ADOPTION SEARCH SERVICE PLAN

This page will provide you with an explanation of our service plan within the Post Adoption Search process.

After your file is placed on our waiting list, you will be notified when it is nearing the time to begin the search. At that time you will be asked to pay your balance of the search fee, if you have not already done so. The search balance must be paid in full before the search begins. Next, your social worker will contact you by phone. In this conversation, we will cover:

- a review of your expectations for the search, including possible outcomes
- your release of information and preferred method of establishing contact (if applicable)
- your support system
- any medical issues that are of concern to you
- a review of our search resources / methods of contacting the sought person
- our schedule for updating you, and how to contact us
- any questions or concerns you may have

We will remain available throughout the search process, both to yourself and the other party, for emotional support and intermediary service, including:

- forwarding of correspondence
- relaying of messages to the other party
- assisting with contact issues such as scheduling a phone call, planning a reunion, and/or understanding the various responses to search and reunion

Your search will remain open in Post Adoption until such a time when each party feels comfortable with their current situation and their ability to handle it. Clients are welcome to call Post Adoption anytime in the future, if needs or concerns arise.

Although every effort will be made, it is understood that LSS Post Adoption cannot guarantee that the searched for party will be found or that they will be open to contact and/or providing information.

In the event that you would like to file a Post Adoption grievance, please contact Mr. Richard Smith, LSS Director of Adoption & Birth Parent Services at 612-879-5295. Alternatively you may contact the Minnesota Department of Human Services, Adoption Unit.

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Signature of Searching Client

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Date

Please sign, date, and return to:  
Post Adoption Services  
Lutheran Social Service  
2400 Park Ave  
Minneapolis, MN 55404

# RELEASE OF INFORMATION

Please fill out this form carefully as it will determine exactly what, if any, identifying information you would like to have released by Lutheran Social Service. IF YOU DO NOT WANT THIS INFORMATION GIVEN OUT do not fill out name, address, e-mail or phone.

## Please make a check mark on appropriate line(s) below:

\_\_\_\_\_ Enclosed is a letter, which may be shared with my birth \_\_\_\_\_ (please indicate one person such as: mother, father, son, daughter, sister, or brother. Note: A search for a birth father is a separate search and can only occur under certain circumstances).

\_\_\_\_\_ Lutheran Social Service of Minnesota may share the following identifying information about me with my \_\_\_\_\_.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First) (Maiden) (Last)

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

E-Mail Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

THIS FORM REMAINS EFFECTIVE INDEFINITELY UNLESS OTHERWISE NOTED

**THIS PAGE MUST BE NOTARIZED IN ORDER TO PROVIDE LUTHERAN SOCIAL SERVICE WITH VERIFICATION OF YOUR IDENTITY**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Please address all requests and correspondence to the attention of Post Adoption**

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FOR OFFICE USE ONLY	
INFORMATION VERIFIED	FILE INFORMATION
_____ Support Staff	AA Name _____
_____ Social Worker	BM Name _____
	Other Name _____

## PERSONAL LETTER GUIDELINES

When making a search it is helpful to have information about you, which can be shared with the person with whom you desire contact. We ask you to write a letter with information about yourself, which may be forwarded, to the individual contacted. We suggest that you do not include identifying information in this first letter. It may be too overwhelming to receive names and addresses in the first contact. We realize that this is a difficult letter to write. The topics below may be helpful, but please feel free to write the letter as you wish. The following are some guidelines:

Physical and personality description, including picture if desired

Childhood and schooling

Interests and leisure time activities

Marriage and/or current family composition

Present Employment

Nature of the contact in which you are interested (i.e. direct personal, phone, letters, and possibly explaining what led you to decide to do the search at this time.)

Expectations from the search

Specific questions such as health related concerns

For adopted persons: adoptive parent's involvement in the outreach; their feelings regarding contact

You may choose to share as much or as little information as is comfortable for you.

Return the letter along with other search forms to:

Post Adoption Services  
Lutheran Social Service  
2400 Park Avenue  
Minneapolis, MN 55404



**AFFIDAVIT OF DISCLOSURE OR NON-DISCLOSURE REGARDING AN ORIGINAL BIRTH CERTIFICATE OF AN ADOPTED CHILD**

I, \_\_\_\_\_ born on \_\_\_\_\_ state that I am  
**(Full Name - First, Maiden, Last)** **(Date of Birth)**

the \_\_\_\_\_ named on the original birth certificate  
**(Biological Father/Mother)**

of \_\_\_\_\_ , \_\_\_\_\_  
**(Child 's Name)** **(Adopted Name, If Known)**

born on \_\_\_\_\_ in \_\_\_\_\_  
**(Child 's Date of Birth)** **(City and County)**

I hereby \_\_\_\_\_ in accordance with Minnesota Statutes,  
**(Give Consent/Do Not Give Consent)**

Section 259.89, subdivision 2, item (d) to full disclosure of the information contained on the original certificate when the child has reached the age of 19. I hereby \_\_\_\_\_  
**(Give Consent/Do Not Give Consent)**

to the release of my address to the above mentioned child if the child is 19 years of age or older.

Signed or attested before me on

X \_\_\_\_\_  
**(Signature of Biological Mother/Father)**

\_\_\_\_\_  
(Date)

X \_\_\_\_\_  
**(Street Address)**

\_\_\_\_\_  
(Notary Public)

X \_\_\_\_\_  
**(City and State)**

My Commission Expires \_\_\_\_\_

X \_\_\_\_\_  
**(Date)**

**Please Complete and Return to:** Minnesota Department of Health  
Office of the State Registrar  
Adoption Program  
P.O. Box 64882  
St. Paul, Minnesota 55164-0882

## POST ADOPTION SERVICE FEES

### **I. Background Information**

- Full Background Report \$150.00
- Replacement Background (copy) \$45.00
- Medical Background Only \$60.00
- Non-identifying Background of adoptive family, for birth parent \$15.00

### **II. Search/Outreach Options**

- Full Search/Outreach to family of origin or adopted Adult (counseling is also provided within the parameters of the outreach) \$750.00
- Search/Outreach to birth family or adopted adult if LSS has **current** address \$300.00
- **Medical Only** Search/Outreach (by adopted adult/adoptive parents, for updated medical information only; NO FACILITATION OF CONTACT) \$350.00
- Providing adoptive parents/adopted adult with updated medical information (of a genetic basis) received from birth parent No charge

### **III. Post Korean Adoption**

- Copy of Original Korean Referral \$45.00
- LSS Facilitation of information/communication with Korea Social Service \$45.00

### **IV. Request for Updates/Forwarding Letters & Packages**

- Requests to check file for updates \$45.00
- Brief Service Request/File Research \$45.00
- Forwarding of letters/packages to triad members cost of postage

### **V. File Copying/Preparation of Materials**

- Per Court Order \$45.00
- Documents signed by birth parents or summary of agency contacts for birth parent \$45.00

### **VI. Support Groups**

- Orientation to Search Workshop \$15.00

**\* Search fee will be adjusted for individuals whose family income is \$50,000 a year or less. Verification of income is required.**