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**Senate**  

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**State of Minnesota**

**S.F. No. 1005 - Adopted Persons Records Access**

**Author:** Senator Ann Rest

**Prepared by:** Joan White, Senate Counsel (651/296-3814)

**Date:** March 14, 2005

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**Section 1 (144.218, subdivision 1)** amends the Department of Health adoption birth records, by changing the status of the birth record under the data privacy act from “confidential” to “private data.” Confidential data means data that is made not public by statute or federal law and is inaccessible to the individual subject of the data. Private data means data that is made by statute or federal law applicable to the data (a) not public, and (b) accessible to the individual subject of the data. This section also provides upon request the information contained in the original birth record to the adopted person who is the subject of the vital record if that person is at least 19 years old.

**Section 2(144.218, subdivision 2)** changes the certified copies of court findings and the order or decree of adoption, the certificate of adoption, or decree of intercountry adoption from confidential to private data under the data practices act, and allows the adopted person to receive the same upon request if the person is at least 19 years old.

**Section 3 (259.83, subdivision 1)** modifies what adoption services are provided and to whom. Under current law, the agency is required to provide services to adult genetic siblings if there is no known violation of the confidentiality of a birth parent or if the birth parent gives written consent. The bill strikes the language related to confidentiality and written consent, requires the agency, upon request, to provide services to any adult siblings, and requires adopted persons 19 years or older to be advised of any siblings. If the person was committed to the guardianship of the state due to a termination of parental rights and was not adopted, the person must be advised of other siblings who were adopted or were committed to the guardianship of the state and not adopted.

A new paragraph (b) allows a person age 19 or older who was adopted from a foreign country to receive copies of all documents and referral information from the agency, upon request. Birth parent

identities must be included consistent with the policies of the adopted person's country of origin. The agency is required to provide information about procedures for contacting birth parents.

**Section 4(259.83, subdivision 3)** applies to adoptive placements made on or after August 1, 1982. Current law specifies a process that must be followed if an adopted person requests that an agency give the adopted person the information on the their original birth record.

This process requires the agency supervising the adoptive placement to inform the birth parents of the adopted person's right at age 19 to request original birth record information and the birth parent's right to object to the release of that information by filing an affidavit of nondisclosure. Under current law, if a birth parent does not file an affidavit of nondisclosure before the adopted person reaches age 19, the agency will release the information to the adopted person who has requested it. If the birth parent has filed an affidavit of nondisclosure, an adopted person may petition the court for the release of the identifying information about a birth parent.

The amendment to this section clarifies that this process from current law remains in effect for all adopted placements made up until August 1, 2005, the effective date of this bill.

**Section 5 (259.83, subdivision 3a)** adds a new subdivision specifying a new procedure for the release of birth records and other information to adopted persons for all adoptive placements made on or after August 1, 2005. This new subdivision requires the agency responsible for or supervising the placement to obtain from the birth parents an affidavit attesting that the birth parents have been informed of the provisions in this section, which include:

- (1) the right of the adopted person to receive a copy of the original birth record, and the last known address, birth date, and birth place of each birth parent, and all medical and social information from the birth parent history form;
- (2) that each birth parent may state that parent's contact preference subject to the adopted person's rights under clause (1). The contact preference is direct contact, contact through an intermediary, or no contact at all. The birth parent may change the contact preference and time prior to the birth parent's death;
- (3) that a birth parent who files a no contact preference understands that the agency will release the information under clause (1), and that indicating no contact does not preclude the adopted person from contacting the birth parent; and
- (4) that if the birth parent does not file a contact preference before the adopted person reaches age 19, the agency will provide the adopted person with the information upon request.

**Section 6 (259.89)** significantly modifies the statute dealing with access to the original birth certificate by authorizing the Commissioner of Health to give adopted persons age 19 or older access to the person's original birth record information.

The bill changes the access to birth records as follows:

**Subdivision 1** relates to the request for information. The new language applies to adoptions granted before August 1, 2005, and requires the Commissioner of Health to disclose the information contained in the original birth record unless there is an unrevoked affidavit of nondisclosure on file at the Department of Health. If there is an unrevoked affidavit of nondisclosure, the Commissioner of Health is required to notify the adopted person of the date of the filing of the affidavit.

**Subdivision 2** provides that if a birth parent has filed an affidavit of nondisclosure, the adopted person may request the assistance of the Commissioner of Human Services in contacting the birth parent, notifying the birth parent of the adopted person's request for birth record information, and inquiring if the birth parent desires to revoke the affidavit of disclosure. This subdivision also strikes information that was to be provided to each parent, and adds language that lists what information must be provided to the adopted person after the attempt to contact the birth parent, which includes: the date the birth parent was contacted, the birth parent's response, and if the birth parent decided after being contacted to revoke the affidavit of nondisclosure, a copy of the signed and dated affidavit of disclosure. If the birth parent did not revoke the affidavit of nondisclosure, the birth parent must be advised of the right to file a consent to disclosure at any time with the Commissioner of Health.

**Subdivision 3** strikes language that prevents the commissioner from disclosing information on the original birth record if either parent filed an unrevoked affidavit stating that the information should not be disclosed. New language allows the information to be disclosed if the Commissioner of Human Services certifies an inability to notify a parent who had filed an affidavit of nondisclosure or certifies that the parent is deceased.

**Subdivision 4** strikes language related to the disclosure of information after notice, and adds language requiring the commissioner to release a copy of the original birth record pursuant to section 5 upon request of an adopted person 19 years or older for all adoptions granted on or after August 1, 2005.

**Subdivision 5** of current law is stricken. Current law under this subdivision prohibited the disclosure of information if a deceased parent at any time prior to the death of the parent filed an unrevoked affidavit stating that the information should not be disclosed. The adopted person was required to petition the court for the disclosure of the original birth record.

**Section 7** makes this bill effective August 1, 2005.

JW:rd

Senators Rest, Ranum, Dille, Pappas and Neuville introduced--  
S.F. No. 1005: Referred to the Committee on Judiciary.

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A bill for an act

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relating to adoption records; providing access to certain records by certain persons; providing for certain services; changing classification of certain data; amending Minnesota Statutes 2004, sections 144.218, subdivisions 1, 2; 259.83, subdivisions 1, 3, by adding a subdivision; 259.89.

8

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

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Section 1. Minnesota Statutes 2004, section 144.218,

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subdivision 1, is amended to read:

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Subdivision 1. [ADOPTION.] Upon receipt of a certified

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copy of an order, decree, or certificate of adoption, the state

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registrar shall register a replacement vital record in the new

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name of the adopted person. The original record of birth is

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~~confidential~~ pursuant to private data on individuals as defined

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in section 13.02, subdivision 3 12, and shall not be disclosed

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except pursuant to court order or section 144.2252. The

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information contained on the original birth record, except for

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the registration number, shall be provided on request to: (1) a

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parent who is named on the original birth record; and (2) the

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adopted person who is the subject of the vital record if that

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person is at least 19 years of age. Upon the receipt of a

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certified copy of a court order of annulment of adoption the

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state registrar shall restore the original vital record to its

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original place in the file.

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Sec. 2. Minnesota Statutes 2004, section 144.218,

1 subdivision 2, is amended to read:

2 Subd. 2. [ADOPTION OF FOREIGN PERSONS.] In proceedings for  
3 the adoption of a person who was born in a foreign country, the  
4 court, upon evidence presented by the commissioner of human  
5 services from information secured at the port of entry or upon  
6 evidence from other reliable sources, may make findings of fact  
7 as to the date and place of birth and parentage. Upon receipt  
8 of certified copies of the court findings and the order or  
9 decree of adoption, a certificate of adoption, or a certified  
10 copy of a decree issued under section 259.60, the state  
11 registrar shall register a birth record in the new name of the  
12 adopted person. Notwithstanding section 259.61, the certified  
13 copies of the court findings and the order or decree of  
14 adoption, certificate of adoption, or decree issued under  
15 section 259.60 are confidential, pursuant to private data on  
16 individuals as defined in section 13.02, subdivision 3 12, and  
17 shall not be disclosed except pursuant to court order or section  
18 144.2252 or, on request, to the adopted person who is the  
19 subject of the adoption proceeding if that person is at least 19  
20 years of age. The birth record shall state the place of birth  
21 as specifically as possible and that the vital record is not  
22 evidence of United States citizenship.

23 Sec. 3. Minnesota Statutes 2004, section 259.83,  
24 subdivision 1, is amended to read:

25 Subdivision 1. [SERVICES PROVIDED.] (a) Agencies shall  
26 provide assistance and counseling services upon receiving a  
27 request for current information from adoptive parents, birth  
28 parents, or adopted persons aged 19 years and over. The agency  
29 shall contact the other adult persons or the adoptive parents of  
30 a minor child in a personal and confidential manner to determine  
31 whether there is a desire to receive or share information or to  
32 have contact. If there is such a desire, the agency shall  
33 provide the services requested. The agency shall, on request,  
34 provide services to adult genetic siblings if there is no known  
35 violation of the confidentiality of a birth parent or if the  
36 birth parent gives written consent. Adopted persons aged 19

1 years and over must be advised of any siblings, regardless of  
2 when the adoption took place. Persons aged 19 and over who,  
3 because of a termination of parental rights were committed to  
4 the guardianship of the commissioner of human services and were  
5 not adopted, must be advised of other siblings who were (1)  
6 adopted, or (2) committed to the guardianship of the  
7 commissioner and not adopted. The agency shall search for and  
8 offer services to other siblings. If a sibling was adopted  
9 through another agency, the agencies shall share necessary  
10 information and work together to locate the other sibling and  
11 offer services.

12 (b) A person aged 19 or over who was adopted from a foreign  
13 country shall, upon request, receive copies from the agency of  
14 all documents and referral information the person's adoptive  
15 parents received from the foreign country at the time of the  
16 adoption. Birth parent identities must be included consistent  
17 with the current policies of the child's country of origin. The  
18 agency shall provide information about procedures for contact  
19 with birth parents in the child's country of origin.

20 Sec. 4. Minnesota Statutes 2004, section 259.83,  
21 subdivision 3, is amended to read:

22 Subd. 3. [~~IDENTIFYING~~ BIRTH RECORD INFORMATION FROM  
23 AGENCY.] In adoptive placements made on and after August 1,  
24 1982, and before August 1, 2005, the agency responsible for or  
25 supervising the placement shall obtain from the birth parents  
26 named on the original birth record an affidavit attesting to the  
27 following:

28 (a) that the birth parent has been informed of the right of  
29 the adopted person at the age specified in section 259.89 to  
30 request from the agency the name, last known address, birthdate  
31 and birthplace of the birth parents named on the adopted  
32 person's original birth record;

33 (b) that each birth parent may file in the agency record an  
34 affidavit objecting to the release of any or all of the  
35 information listed in clause (a) about that birth parent, and  
36 that parent only, to the adopted person;

1 (c) that if the birth parent does not file an affidavit  
2 objecting to release of information before the adopted person  
3 reaches the age specified in section 259.89, the agency will  
4 provide the adopted person with the information upon request;

5 (d) that notwithstanding the filing of an affidavit, the  
6 adopted person may petition the court according to section  
7 259.61 for release of identifying information about a birth  
8 parent;

9 (e) that the birth parent shall then have the opportunity  
10 to present evidence to the court that nondisclosure of  
11 identifying information is of greater benefit to the birth  
12 parent than disclosure to the adopted person; and

13 (f) that any objection filed by the birth parent shall  
14 become invalid when withdrawn by the birth parent or when the  
15 birth parent dies. Upon receipt of a death record for the birth  
16 parent, the agency shall release the identifying information to  
17 the adopted person if requested.

18 Sec. 5. Minnesota Statutes 2004, section 259.83, is  
19 amended by adding a subdivision to read:

20 Subd. 3a. [BIRTH RECORD AND OTHER INFORMATION FROM AGENCY  
21 AND DEPARTMENT OF HEALTH.] In adoptive placements made on and  
22 after August 1, 2005, the agency responsible for or supervising  
23 the placement shall obtain from the birth parents named on the  
24 original birth record an affidavit attesting that the birth  
25 parent has been informed of the following:

26 (1) the right of the adopted person at the age specified in  
27 section 259.89 to receive a copy of the person's original birth  
28 record from the Department of Health, and to receive from the  
29 agency the name, last known address, birth date, and birth place  
30 of each birth parent named on the person's original birth  
31 certificate and all available medical and social information  
32 under section 259.43;

33 (2) that each birth parent may state that parent's contact  
34 preference subject to the adopted person's rights under clause  
35 (1). Contact preference must be direct contact, use of an  
36 intermediary for contact, or no contact at all. The birth

1 parent may submit a new contact preference statement and updated  
2 medical and social information any time prior to the birth  
3 parent's death. The contact preference statement must be filed  
4 with the agency. The agency shall send a copy to the Department  
5 of Health, Office of the State Registrar;

6 (3) that a birth parent who files a preference under clause  
7 (2) for no contact understands that the agency will release the  
8 information in clause (1). Indicating no contact does not  
9 preclude the adopted person from contacting the birth parent;  
10 and

11 (4) that if the birth parent does not file a preference  
12 under clause (2) for no contact before the adopted person  
13 reaches the age specified in section 259.89, the agency will  
14 provide the adopted person with the information upon request.

15 Sec. 6. Minnesota Statutes 2004, section 259.89, is  
16 amended to read:

17 259.89 [ACCESS TO ORIGINAL BIRTH RECORD INFORMATION.]

18 Subdivision 1. [REQUEST.] In all adoptions granted before  
19 August 1, 2005, an adopted person who is 19 years of age or over  
20 may request the commissioner of health to disclose the  
21 information on the adopted person's original birth record. The  
22 commissioner of health shall disclose the information contained  
23 on the original birth record unless there is an unrevoked  
24 affidavit of nondisclosure on file with the Department of  
25 Health. If only one parent has filed an unrevoked affidavit of  
26 nondisclosure, the commissioner of health shall disclose to the  
27 adopted person original birth record information on the other  
28 parent. If there is an unrevoked affidavit of nondisclosure,  
29 the commissioner of health shall, within five days of receipt of  
30 the request, notify the commissioner-of-human-services-in  
31 writing-of-the-request-by-the-adopted-person petitioner in  
32 writing of the date of filing of the affidavit of nondisclosure.

33 Subd. 2. [SEARCH.] Upon receipt of the commissioner of  
34 health's notice of the date of filing the affidavit of  
35 nondisclosure, the adopted person may request the assistance of  
36 the commissioner of human services in contacting the birth

1 parent, notifying the birth parent of the adopted person's  
 2 request for birth record information, and inquiring if the birth  
 3 parent desires to revoke the affidavit of nondisclosure. Within  
 4 six months after receiving notice of the request of the adopted  
 5 person, the commissioner of human services shall make complete  
 6 and reasonable efforts to notify each parent identified on the  
 7 original birth record of the adopted person. The commissioner,  
 8 the commissioner's agents, and licensed child-placing agencies  
 9 may charge a reasonable fee to the adopted person for the cost  
 10 of making a search pursuant to this subdivision. Every licensed  
 11 child-placing agency in the state shall cooperate with the  
 12 commissioner of human services in efforts to notify an  
 13 identified parent. All communications under this subdivision  
 14 are confidential pursuant to section 13.02, subdivision 3.

15 For purposes of this subdivision, "notify" means a personal  
 16 and confidential contact with the birth parents named on the  
 17 original birth record of the adopted person. The contact shall  
 18 not be by mail and shall be by an employee or agent of the  
 19 licensed child-placing agency which processed the pertinent  
 20 adoption or some other licensed child-placing agency designated  
 21 by the commissioner of human services. The contact shall be  
 22 evidenced by filing with the commissioner of health an affidavit  
 23 of notification executed by the person who notified each the  
 24 parent certifying that each-parent the adopted person was given  
 25 the following information:

26 ~~(a)-The-nature-of-the-information-requested-by-the-adopted~~  
 27 ~~person;~~

28 ~~(b)-The-date-of-the-request-of-the-adopted-person;~~

29 ~~(c)-The-right-of-the-parent-to-file,-within-30-days-of~~  
 30 ~~receipt-of-the-notice,-an-affidavit-with-the-commissioner-of~~  
 31 ~~health-stating-that-the-information-on-the-original-birth-record~~  
 32 ~~should-not-be-disclosed;~~

33 ~~(d)-The-right-of-the-parent-to-file-a-consent-to-disclosure~~  
 34 ~~with-the-commissioner-of-health-at-any-time,-and~~

35 ~~(e)-The-effect-of-a-failure-of-the-parent-to-file-either-a~~  
 36 ~~consent-to-disclosure-or-an-affidavit-stating-that-the~~

1 ~~information on the original birth record should not be disclosed:~~

2 (1) the date the birth parent was contacted;

3 (2) the birth parent's response; and

4 (3) if the birth parent decided to revoke the affidavit of

5 nondisclosure, a copy of a signed and dated affidavit of

6 disclosure. Upon receipt of the affidavit of disclosure, the

7 commissioner of health shall release the original birth record

8 to the adopted person.

9 If the birth parent does not revoke the affidavit of

10 nondisclosure, the birth parent must be advised of the right to

11 file a consent to disclosure with the commissioner of health at

12 any time. The agency shall send a copy of the contact to the

13 Department of Health, Office of the State Registrar.

14 Subd. 3. [FAILURE TO NOTIFY PARENT.] If the commissioner

15 of human services certifies to the commissioner of health an

16 inability to notify a parent ~~identified on the original birth~~

17 ~~record within six months, and if neither identified parent has~~

18 ~~at any time filed an unrevoked consent to disclosure with the~~

19 ~~commissioner of health, the information may be disclosed as~~

20 ~~follows:~~

21 ~~(a) If the person was adopted prior to August 17, 1977, the~~

22 ~~person may petition the appropriate court for disclosure of the~~

23 ~~original birth record pursuant to section 259.61, and the court~~

24 ~~shall grant the petition if, after consideration of the~~

25 ~~interests of all known persons involved, the court determines~~

26 ~~that disclosure of the information would be of greater benefit~~

27 ~~than nondisclosure.~~

28 ~~(b) If the person was adopted on or after August 17, 1977,~~

29 ~~the commissioner of health shall release the requested~~

30 ~~information to the adopted person.~~

31 ~~If either parent identified on the birth record has at any~~

32 ~~time filed with the commissioner of health an unrevoked~~

33 ~~affidavit stating that the information on the original birth~~

34 ~~record should not be disclosed, the commissioner of health shall~~

35 ~~not disclose the information to the adopted person until the~~

36 ~~affidavit is revoked by the filing of a consent to disclosure by~~

1 ~~that-parent who had filed an affidavit of nondisclosure or~~  
 2 ~~certifies the parent is deceased, the commissioner of health~~  
 3 ~~shall release the original birth record to the adopted person.~~

4 Subd. 4. [~~RELEASE OF INFORMATION AFTER NOTICE; ADOPTIONS~~  
 5 ~~ON OR AFTER AUGUST 1, 2005.] ~~If, within six months, the~~  
 6 ~~commissioner of human services certifies to the commissioner of~~  
 7 ~~health notification of each parent identified on the original~~  
 8 ~~birth record pursuant to subdivision 2, the commissioner of~~  
 9 ~~health shall disclose the information requested by the adopted~~  
 10 ~~person 31 days after the date of the latest notice to either~~  
 11 ~~parent. This disclosure will occur if, at any time during the~~  
 12 ~~31 days both of the parents identified on the original birth~~  
 13 ~~record have filed a consent to disclosure with the commissioner~~  
 14 ~~of health and neither consent to disclosure has been revoked by~~  
 15 ~~the subsequent filing by a parent of an affidavit stating that~~  
 16 ~~the information should not be disclosed. If only one parent has~~  
 17 ~~filed a consent to disclosure and the consent has not been~~  
 18 ~~revoked, the commissioner of health shall disclose, to the~~  
 19 ~~adopted person, original birth record information on the~~  
 20 ~~consenting parent only. For all adoptions granted on or after~~  
 21 ~~August 1, 2005, the commissioner of health shall, upon request~~  
 22 ~~of an adopted person aged 19 or over, release a copy of the~~  
 23 ~~original birth record pursuant to section 259.83, subdivision 3a.~~~~

24 Subd. 5. [~~DEATH OF PARENT.] Notwithstanding the provisions~~  
 25 ~~of subdivisions 3 and 4, if a parent named on the original birth~~  
 26 ~~record of an adopted person has died, and at any time prior to~~  
 27 ~~the death the parent has filed an unrevoked affidavit with the~~  
 28 ~~commissioner of health stating that the information on the~~  
 29 ~~original birth record should not be disclosed, the adopted~~  
 30 ~~person may petition the court of original jurisdiction of the~~  
 31 ~~adoption proceeding for disclosure of the original birth record~~  
 32 ~~pursuant to section 259.61. The court shall grant the petition~~  
 33 ~~if, after consideration of the interests of all known persons~~  
 34 ~~involved, the court determines that disclosure of the~~  
 35 ~~information would be of greater benefit than nondisclosure.~~

36 Subd. 6. [DETERMINATION OF ELIGIBILITY FOR ENROLLMENT OR

1 MEMBERSHIP IN A FEDERALLY RECOGNIZED AMERICAN INDIAN TRIBE.] The  
2 state registrar shall provide a copy of an adopted person's  
3 original birth record to an authorized representative of a  
4 federally recognized American Indian tribe for the sole purpose  
5 of determining the adopted person's eligibility for enrollment  
6 or membership in the tribe.

7 Sec. 7. [EFFECTIVE DATE.]

8 Sections 1 to 6 are effective August 1, 2005.

1 Senator <sup>Kelley</sup> ..... moves to amend S.F. No. 1005 as follows:

2 Page 3, line 24, delete "August 1, 2005" and insert

3 "January 1, 2006"

4 Page 4, line 20, delete "AND OTHER INFORMATION" and delete

5 "AGENCY"

6 Page 4, line 21, delete "AND"

7 Page 4, line 22, delete "August 1, 2005" and insert

8 "January 1, 2006"

9 Page 4, line 28, delete everything after "Health"

10 Page 4, delete lines 29 to 31

11 Page 4, line 32, delete everything before the semicolon

12 Page 5, line 4, delete everything after the first "agency"

13 and insert a semicolon

14 Page 5, delete line 5

15 Page 5, line 7, delete "agency" and insert "Department of

16 Health"

17 Page 5, line 19, delete "August 1, 2005" and insert

18 "January 1, 2006"

19 Page 5, after line 32, insert:

20 "Subd. 1a. [AFFIDAVIT OF NONDISCLOSURE.] A birth parent

21 may file an affidavit of nondisclosure regardless of the date of

22 relinquishment. An affidavit of nondisclosure on file by

23 January 1, 2006, must be honored."

24 Page 5, line 33, before "Upon" insert "(a)"

25 Page 6, line 15, before "For" insert "(b)"

26 Page 6, line 22, strike everything after "by" and insert

27 "notifying"

28 Page 6, line 23, strike "of notification executed by the

29 person who notified" and delete "the"

30 Page 6, line 24, strike "parent certifying that" and after "

31 person" insert "of" and strike "was given"

32 Page 7, line 2, after the semicolon, insert "and"

33 Page 7, line 3, delete "; and" and insert a period

34 Page 7, line 4, delete "(3)" and insert "(c)"

35 Page 7, line 6, before the period, insert "must be filed

36 with the Department of Health, Office of the State Registrar"

1 and before the comma, insert "and a notarized request from the  
2 adopted person"

3 Page 7, line 9, before "If" insert:

4 "(d)"

5 Page 7, line 12, delete everything after the period

6 Page 7, delete line 13

7 Page 8, line 5, delete "AUGUST 1, 2005" and insert "JANUARY  
8 1, 2006"

9 Page 8, line 21, delete "August 1, 2005" and insert  
10 "January 1, 2006"

11 Page 9, line 8, delete "August 1, 2005" and insert "January  
12 1, 2006"

*Sandy Sperrazza*

# **SAMPLE RELINQUISHMENT PAPER**

No relinquishment paper in Minnesota promised confidentiality to any birthparent. Most did the reverse, having the birthparent sign an authorization for the agency to share personal history of themselves and their child with "any person or agency working in the best interests and towards the welfare of myself and my child."

## **CONSENT TO BAPTISM, MEDICAL CARE, PLACEMENT AND RELEASE OF HISTORY**

State of Minnesota  
County of Stearns

I, Sandra Louis Longwell, being duly sworn upon oath, do depose and say: that I am 17 years of age, a resident of the city of St. Cloud, county of Benton, state of Minnesota; that I have given birth to the child Catherine Edith Longwell on December 2, 1961 in St. Paul Minn; that of my own accord I wish this child to be baptized according to the Rite of the Roman Catholic Church, and reared in the Catholic faith in a foster home selected by Catholic Charities of the Diocese of St. Cloud or as this agency may otherwise dispose.

Further, I, the undersigned, do hereby authorize Catholic Charities of the Diocese of St. Cloud to provide my child Catherine Edith Longwell with any and all care (including medical, dental, surgical, psychiatric, orthopedic, hospitalization and institutionalization) necessary to her health and welfare, and agree to accept the practitioners selected.

Further, I the undersigned, do hereby authorize Catholic Charities of the Diocese of St. Cloud to share my history and that of my child, named above, with any person or agency working in the best interests and toward the welfare of myself and child.

Signature.....Sandra Louise Longwell

Witnesses

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



# SAMPLE RELINQUISHMENT PAPER

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Signature.....Sandra Louise Longwell

Witnesses

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

New Hampshire Department of State  
Division of Vital Records Administration  
29 Hazen Drive  
Concord, New Hampshire 03301

### CONTACT PREFERENCE FORM FOR BIRTH PARENTS OF ADOPTED CHILDREN

The New Hampshire Division of Vital Records Administration needs the following information to find and match your request with your records.

*Please print*

Name of Child  
on Original Birth Record: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex:  Male  Female  
*first middle last*  
*mm/dd/yyyy*

Hospital Name: \_\_\_\_\_ City: \_\_\_\_\_

Mother's Name  
on Original Birth Record: \_\_\_\_\_

Adoption agency involved with adoption (if known): \_\_\_\_\_  
*first middle last*

**IF THE ORIGINAL BIRTH CERTIFICATE IS RELEASED, WHAT IS YOUR PREFERENCE REGARDING CONTACT WITH THE ADOPTEE?**

*The Division of Vital Records Administration cannot accept the Contact Preference Form unless it is fully completed.*

I am the:  Birth Mother  Birth Father Date: \_\_\_\_\_

*Please check one of the three boxes below and provide the required information.*

I would like to be contacted

Current Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

I would prefer to be contacted through an intermediary only

I prefer not to be contacted at this time

If I decide later that I would like to be contacted, I will register with the Division of Vital Records Administration. I have completed a Birth Parent Updated Medical History form and have filed it with the Division of Vital Records Administration.

**IF NO CONTACT IS YOUR PREFERENCE YOU MUST REQUEST AND COMPLETE A BIRTH PARENT UPDATED MEDICAL HISTORY FORM.**

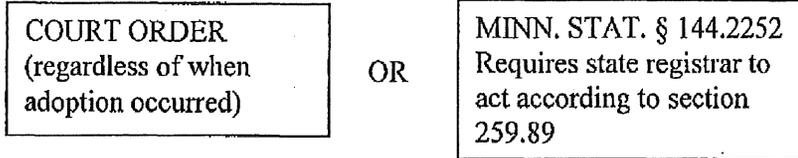
For additional information or forms, please contact the adoption agency involved with the adoption or the following office:

Division of Vital Records Administration  
Attn: Adoption Clerk  
29 Hazen Drive  
Concord, NH 03301 (603) 271-4650

### Adopted Person's Access to their Original Birth Record from the State Registrar's Office at the Minnesota Department of Health

<b>Current Law</b> (Minn. Stat. § 144.218, subd. 1)	<b>H.F. 659/SF 1005</b> (Proposed Change to Minn. Stat. § 144.218, subd. 1)
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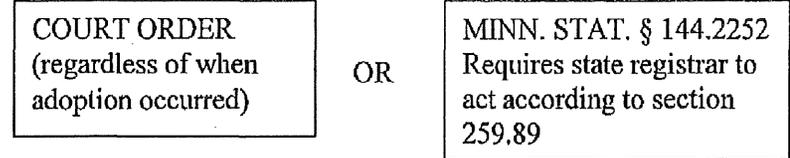
The original birth record is *confidential* and shall not be disclosed except pursuant to:



MINN. STAT. § 259.89

1. Adopted person age 19 or over may request the Commissioner of Health to disclose the information on the adopted person's original birth record.
2. Commissioner of Human Services conducts a six-month search to notify each parent on the adopted person's original birth record of the adopted person's request for the original birth record. Opportunity for a birth parent, within 30 days of receiving notice, to object or consent to the release of the original birth record information.
3. If the Commissioner fails to notify a birth parent within six months and:
  - if the person was adopted before August 1, 1977, the person must get a court order for the release of the information; or
  - if the person was adopted on or after August 1, 1977, the Commissioner of Health must release the information to the adopted person.
4. If a birth parent is dead and, before dying, the parent filed an unrevoked affidavit of nondisclosure, the adopted person must get a court order for the release of the original birth record.

The original birth record is *private data on individuals* and shall not be disclosed except pursuant to:



PROPOSED CHANGE TO MINN. STAT. § 259.89

1. Adopted person age 19 or over may request the Commissioner of Health to disclose the information on the adopted person's original birth record.
2. In adoptions granted before January 1, 2006 (the effective date of H.F. 659/S.F. 1005):
  - the Commissioner of Health must disclose the original birth record information unless the birth parent has filed an unrevoked affidavit of nondisclosure;
  - the adopted person may request assistance from the Commissioner of Human Services to contact the birth parent, notifying the birth parent of the adopted person's request, and inquiring if the birth parent would revoke the affidavit of nondisclosure.
3. For adoptions granted on or after January 1, 2006 (the effective date of H.F. 659), the Commissioner of Health must release a copy of the original birth record.

**Adopted Person's Access to Sibling Information  
Maintained by the Adoption Agency**

<p align="center"><b>Current Law</b> (Minn. Stat. § 259.83, subd. 1)</p>	<p align="center"><b>H.F. 659/ S.F. 1005</b> (Proposed Change to Minn. Stat. § 259.83, subd. 1)</p>
<ul style="list-style-type: none"> <li>The agency shall provide services to adult genetic siblings if there is no known violation of the confidentiality of a birth parent or if the birth parent gives written consent.</li> </ul>	<ul style="list-style-type: none"> <li>The agency shall, on request, provide services to adults siblings.</li> <li>Agency must advise adopted persons age 19 and over of any siblings, regardless of when the adoption took place.</li> <li>Agency must advise adopted persons age 19 and over who, because of termination of parental rights were committed to the guardianship of the Commissioner of Human Services and were not adopted, of any siblings.</li> </ul>

**Foreign-born Adopted Person's Access to the Documents the  
Adoption Agency Received From the Foreign Country  
at the Time of the Adoption**

<p align="center"><b>Current Law</b></p>	<p align="center"><b>H.F. 659/ S.F. 1005</b> (Proposed Change to Minn. Stat. § 259.83, subd. 1)</p>
<ul style="list-style-type: none"> <li>Silent on the issue.</li> </ul>	<ul style="list-style-type: none"> <li>The agency shall, upon request of an adopted person age 19 and over, provide copies of all documents and referral information the adoptive parents received from the foreign country at the time of the adoption.</li> <li>The agency only can release birth parent identities consistent with the current policies of the adopted person's country of origin.</li> <li>The agency must provide contact procedures for the adopted person's country of origin.</li> </ul>

### Adopted Person's Access to Information on the Birth Parent Maintained by the Adoption Agency

<p align="center"><b>Current Law</b> (Minn. Stat. § 259.83, subd. 3)</p>	<p align="center"><b>H.F. 659/ S.F. 1005</b> (Proposed Change to Minn. Stat. § 259.83)</p>
<ul style="list-style-type: none"> <li>• Applies only to adoptive placements made on or after August 1, 1982.</li> <li>• Adopted person age 19 and over requests from the agency the name, last known address, birthdate, and birthplace of the birth parents named on the adopted person's original birth record.               <ol style="list-style-type: none"> <li>1. If a birth parent has not filed an affidavit objecting to the release of the information, the agency must release the information.</li> <li>2. If a birth parent has filed an affidavit objecting to the release of the information, the adopted person may petition the court for release of identifying information on the birth parent.</li> <li>3. If a birth parent is dead, the agency must release the information.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Adopted person age 19 and over requests from the agency the name, last known address, birthdate, and birthplace of the birth parents named on the adopted person's original birth record.               <ol style="list-style-type: none"> <li>1. For adoptive placements made on or after August 1, 1982, and before January 1, 2006 (the effective date of H.F. 659/S.F. 1005), current laws applies.</li> <li>2. For adoptive placements made on or after January 1, 2006, 2005 (the effective date of H.F. 659/S.F.1005):                   <ul style="list-style-type: none"> <li>- the agency must release the birth parents' last known address and all available medical and social information; and</li> <li>- the birth parent may state a contact preference (direct contact, use of an intermediary for contact, or no contact at all).</li> </ul> </li> </ol> </li> </ul>

## Some Common Misperceptions Regarding Birth Parent Searches

### 1. I need updated medical information and cannot get it without paying a search fee.

- When there is a documented medical need, agencies reduce or waive the search fee.
- And, agencies provide immediate service.

### 2. Unless there is a change in the law, I can never get information about my birthparents.

- Current statute mandates that adopted persons are able to receive all of the information (not only about the birth parents but birth relatives as well) that was collected at the time of the adoption, in a non-identifying format. This information includes nationalities, physical descriptions, medical information, level of education, interests and hobbies, and reason for the adoption decision.
- Adopted persons can ask the Minnesota Department of Public Health whether or not their birthparent signed an affidavit of disclosure regarding the release of their original birth record. If yes, adopted persons receive their original birth record.
- Current statute allows adopted persons to ask their adoption agency to locate their birthparents in order to obtain information about them and to request contact with them.
- Adopted persons may petition the court for the release of their original birth record.

### 3. Adoption agencies charge huge fees for a search.

- All of our agencies adjust our fees, based on the financial circumstances of the requestor.
- For clients with higher incomes, none of the agencies charge more than \$625 for a search.

### 4. Adoption agencies have all of the information in their records. "Why do I have to wait?"

- The information used for a search is not current. It is information that was collected at the time of the adoption decision.
- All search efforts are mandated by statute to be confidential.
- Many deep emotions are involved in each search, not only of the requestor but also of the birthparent contacted.
- Agency staff provides support and guidance to help clients deal with the emotional complexities and sensitivities of this service.

### 5. All adopted persons and birthparents want to have contact with each other.

- Most birthparents want some form of contact but most do not start with direct contact. Instead, they go through the agency intermediary until they are comfortable releasing their identifying information. Birthparents have said that when, how and by whom they are contacted, along with the ability to take time and to have their identifying information remain confidential until they choose to release it, is very important to them.
- Approximately 25% of birthparents contacted need to maintain their privacy. Most often, these birthparents have not told their spouse or family and they express strong feelings of fear as a result of being contacted.

January 12, 2005

To Whom, I pray, will represent myself and others like me:

I am not very proud of the person I was 36 years ago and because of some very poor decisions, on my part, I became pregnant. I was offered money to go to Mexico and have an abortion, before anyone knew of my situation. My faith and my guilt intervened, and instead I opted to give the baby a chance at life, and some childless couple a chance at having a family.

I was 19,...the only ones aware of my situation were my parents, who were so ashamed of what I had done they turned their back on me. I had no contact with my siblings during the last 4-5 months before the birth. I had the baby in a small Catholic hospital 20 miles away from where I was living. They contacted Catholic Charities who promised me it would be a closed adoption and I would never be found.

Time does heal and after a few years I met that perfect guy. We have been married for many years. I have a great life and beautiful family I am very proud of. To this day my parents (with whom I have a loving relationship again), and I are the only people aware of my past. My siblings, husband and children are unaware of what went on 36 years ago. Two years ago Catholic Charities contacted me and asked if I wanted to meet "someone" – it was a very traumatic experience and they are respecting my wishes as to never be contacted again.

In November I read an article in our local newspaper concerning the adoption-reform advocates trying to drum up support for legislation to pass adoptee's being able to have access to their original birth certificates. I am begging those of you representing Minnesota citizens to please not turn my world upside down. Since reading the article I have been experiencing...[health] problems, something I have never had trouble with before. My doctor is treating it, but does keep asking if I am under some kind of stress....

Please do not make me wish I had gone through with that abortion. I ask and pray that you respect the rights that they gave to me when I signed those papers 36 years ago and not violate my privacy.

Thank You.

May 5, 2000.

Linda Berman  
Lutheran Social Services  
2414 Park Avenue  
Minneapolis, MN 55404

Linda-

I just wanted to thank you for all that you have done and the guidance you provided. You have made a somewhat challenging/emotional situation much easier than I had expected. Your professionalism and compassion made a big difference regarding the decisions I have made, to continue the search. I really appreciate all your hard work on my case.

Sincere regards.

Dear Mr. Smith,

November 12, 2001

I wish to thank you and your employees, specifically my caseworker, Mrs. Linda Berman, for making the dream of finding my son a reality. Her ability to explain the required procedure did not leave anything to be questioned. Mrs. Berman always maintained a kind and cheerful voice. Her professional attitude gave me confidence that she would be successful searching for my son.

*Linda*

Thank You

*Just wanted to express special thanks to you for all of your insight, thoughtfulness and kindness during my search for my son. Your professionalism and sensitivity are much appreciated and have helped me through these last few months. whorlet*

To: Mpls.Mplsopo(Lberman)  
Date: Tue, Jan 8, 2002 4:32 AM  
Subject: Re: search

Dear Linda,

First I want to thank you for all you have done for me. You made this whole process a lot easier for me and always answered all of my questions and concerns. You truly do a wonderful job :

. Thank you so much again. It was a big change in my life and I can honestly say if it was not for you, I may not have gone this far. You are truly a kind, and caring person and you are the perfect person for your job!  
Love,

Dear Linda,

26 November 2004

I am writing to tell you what an outstanding job Jackie Mollenhauer did on every aspect of my birth parent search. In March of 2003, she did a very thorough job researching the narrative on my request for non-identifying information about my birth parents. I was pleased to learn that she would also be the one conducting the actual search for my birth mother once I was ready. She did not disappoint.

Jackie was every bit the absolute professional throughout this entire process. She was thorough, sensitive, and ultimately successful in finding my birth mother for me, and in an amazingly short amount of time. The actual search only took about three weeks, and

7/26/04

Dear Jackie,  
Just a note to thank you for the beautiful job you did on my case study. You went way beyond what I expected. As a retired social worker I don't know if I would have done that much. Tell them at Butheran Social Services to give you a raise.

2/25/05

Linda,

Thank you for all  
your Excellent, Tenacious  
Assistance with my Birth  
parent search.

You're Awesome / i

Sincerely,

Linda Kuhlmann

# Birth Parent Social and Medical History



Minnesota Department of **Human Services**  
Family and Children's Services Division  
444 Lafayette Road North  
St. Paul, Minnesota 55155-3831

# Information about mother of child

## Background

State law requires that specific health and social history be given to a child's adoptive parents or other permanent caretakers. The collection and transfer of information is extremely important for identifying and meeting the child's needs.

## Instructions

This Social and Medical History form was designed to help you provide information about you and your family. This information is important to your child's medical care. While the form looks long, it should be easy to complete. Please feel free to ask someone to help you.

This information is important for your child. It will also help the caregivers, who will be parenting, to better understand your child. To protect your family's privacy, the forms do not ask for identifying information.

Please be as complete as possible filling out these social and medical history forms. When you have completed the booklet, your agency worker or your attorney will make several photocopies. The original copy is for the adoptive parents; one copy is for you; and one copy is for the agency or attorney's file. The court completing the adoption will also receive a copy.

Thank you for taking the time to complete this history.

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## Section A

### Birth mother's general background information (do not include identifying information)

Date: \_\_\_\_\_

Background information concerning		
Child's name:	Due date:	DOB:

Birth mother's general background information:		
Age at child's birth:	State/country:	
Religion:		
Nationality:		
Race/ethnicity:		
If American Indian, specify tribe(s):		
Enrolled? <input type="checkbox"/> yes <input type="checkbox"/> no	Eligible for enrollment? <input type="checkbox"/> yes <input type="checkbox"/> no	
Member? <input type="checkbox"/> yes <input type="checkbox"/> no	Eligible for membership? <input type="checkbox"/> yes <input type="checkbox"/> no	
Marital status at time of child's birth: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> legally separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed		
If married, is spouse aware of pregnancy? <input type="checkbox"/> yes <input type="checkbox"/> no		
Occupation of spouse:		
Date of marriage:		
If legally separated, date of separation:		
Date of divorce:		
If widowed, date of spouse's death:		
Physical description		
Height:	Weight:	Eye color:
Hair color and texture:		
Skin color:		
Distinguishing physical features:		
Describe personality:		

## Section B

### Birth mother's educational history

Completed high school  yes  no

Last grade completed:

Average grades earned in school:

Additional education (specify: college, vocational, etc.)

Do you have a plan for additional schooling?  yes  no  
If yes, what type?

Favorite subjects and areas of interests:

Least favorite subjects:

Talents, hobbies, interests, pastime activities:

What was school like for you?

### Birth mother's employment history

Current occupation:  
Length of time employed at above:

Previous occupation(s):

### Birth mother's armed services history

Have you ever been in the armed services?  yes  no

If yes, what branch of service?

What were your duties?

## Section C

### Pregnancy Information

#### Birth mother's menstrual and pregnancy history

Onset of menses (age):

cramps?

Usual length of period:

regular?

number of days between:

Has mother had a previous pregnancy?  yes  no  
If yes, please explain:

#### Birth mother — this pregnancy

Is the baby's father aware of the pregnancy?  yes  no  not sure

Is the baby's father a genetic relative of mother's?  yes  no  
If yes, how is he related?

Month prenatal care began for this pregnancy

Complications?  yes  no  
If yes, explain:

X-rays taken during this pregnancy, including dental?  yes  no  
If yes, what part of the body?

Ultrasound done during pregnancy?  yes  no

Amniocentesis done during pregnancy?  yes  no

Describe mother's general diet during pregnancy:

Food cravings during pregnancy:

Describe pregnancy (especially any problems or complications):

## Section D

### Birth mother's health

Describe your present general health:

#### Diseases:

<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Allergy	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Smallpox	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Measles
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Otitis Media (ear infection)	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Pneumonia

Other diseases:

Past surgeries and hospitalizations (and when):

Any chronic or serious illnesses (other than above)?  yes  no  
If yes, describe:

History of head injuries, loss of consciousness or seizures?  yes  no  
If yes, describe:

History of problems or complications during your own birth?  yes  no  
If yes, describe:

## Section E

### Birth mother — Risk factors for your child developing HIV/AIDS or other sexually transmitted diseases

Prior to the birth of this child have you:	Yes	No
Had a blood transfusion?		
Been tested positive for Hepatitis B?		
Had an antibodies test for AIDS?		
Had a sexually transmitted disease such as gonorrhea, venereal warts, chlamydia, herpes?		
Engaged in unprotected intercourse?		
Had intercourse with a partner who:		
May have been gay or bisexual?		
Had other sexual partners?		
Was an injecting drug user?		
Was from anywhere outside the United States?		
Was a hemophiliac or had a blood transfusion?		
Was a known HIV carrier?		

## Section F

### Birth mother's chemical/drug usage

Type	Yes	No	When used	How often	How much	Used during pregnancy
Alcohol						
Amphetamines (pep pills)						
Barbiturates (downers)						
Cocaine						
Heroin						
LSD (acid)						
Marijuana						
Angel Dust (PCP)						
Nicotine						
Prescription drugs Describe:						
Non-prescription drugs Describe:						
Other Describe:						



## Section G

### Birth mother's family medical history – Eyes

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Astigmatism	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Blindness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cataracts	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Color blindness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Crossed eyes	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Eyes of different colors	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Farsighted	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Glaucoma	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Lazy eye	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Nearsighted	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Night blindness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Retinitis Pigmentosa	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Wandering eye	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other:	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with the above conditions, please specify treatments, hospitalizations and causes e.g., disease, accident)

**Birth mother's family medical history – Teeth**

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Braces	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cavity prone	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Extra teeth	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Missing teeth	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Mottling	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Overbite	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Pyorrhea	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Teeth grinding	<input type="checkbox"/> yes	<input type="checkbox"/> no			
TMJ (Trans Mandibular Joint)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please indicate any treatments or surgery)

<b>Birth mother's family medical history — Ears/nose/throat</b>					
Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Chronic ear infections	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Chronic rhinitis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Chronic sinusitis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Deafness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Difficulties with adenoids	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Difficulties with tonsils	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Frequent colds	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Serious hearing problem	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Sickle cell anemia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Snoring problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Speech problems (stuttering, stammering, lisp)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Tubes in ear	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify)::	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments and whether the condition is congenital or from disease or accident.)

### Birth mother's family medical history – Physical abnormalities

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Arthritis (rheumatoid, osteo/ juvenile, etc.)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bone tissue deformities	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Brittleness of bones	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cleft lip/cleft palate	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Clubfoot	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Crippling disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Dwarfism	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Facial abnormalities	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Feet (extra/missing toes, webbed)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hands (extra/missing fingers, webbed)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hip abnormalities (con- genital hip, shallow socket)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Irregular growth pattern	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Orthopedic problems (skeletal, joint, muscles)	<input type="checkbox"/> yes	<input type="checkbox"/> No			
Osteoporosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Scoliosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Spina bifida	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

**Birth mother's family medical history – Diseases/disorders**

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Bladder problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Blood disease/disorder e.g., hepatitis, anemia)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cancer (specify type)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cystic fibrosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cysts	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Diabetes (adult or juvenile)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Esophageal problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hernias	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hypoglycemia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Tay-Sachs disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Immune disorders (e.g., lupus)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Intestinal problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Kidney disease/disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other hormone disorders	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Stomach problems (specify type)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Thyroid disorder (specify type)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Tuberculosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Ulcers	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Weight problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

**Birth mother's family medical history – Heart/circulatory**

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Aneurysm	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Angina	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Arteriosclerosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bleeding problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Congenital heart defect	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Heart attack	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Heart murmur	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hemophilia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
High cholesterol	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hypertension (high blood pressure)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Irregular heartbeat	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other types of anemia (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Pernicious anemia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Stroke	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Varicose veins	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

<b>Birth mother's family medical history – Allergies/respiratory</b>					
<b>Medical condition</b>	<b>Yourself or relatives with condition</b> (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bronchitis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Emphysema	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Food (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hay fever	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other allergies (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other respiratory or breathing problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Pneumonia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify severity, type, etc.)

<b>Birth mother's family medical history – Childbirth history</b>					
<b>Medical condition</b>	<b>Yourself or relatives with condition</b> (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Miscarriage	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Stillbirths	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Multiple births (e.g., twins, triplets)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person, please specify age at the time, other related information.)

### Birth mother's family medical history – Neurological difficulties

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Alzheimer	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bell's palsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Brain tumor	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bulbar palsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cerebral palsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Headaches (types)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Huntington's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Lou Gehrig's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Multiple sclerosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Muscular dystrophy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Narcolepsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Neuromuscular disorder (myasthenia gravis, etc.)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Paralysis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Parkinson's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Seizures, convulsions, epilepsy (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Senility	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

### Birth mother's family medical history – Skin conditions

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Acne	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Birthmarks	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Eczema	<input type="checkbox"/> yes	<input type="checkbox"/> no			
High sunburn risk	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Patches of hair/different color	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Patches of skin/different color	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Psoriasis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Unusual scarring	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other skin problem/disease (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify severity, age of onset, treatment, etc.)

**Birth mother's family medical history – Developmentally/learning difficulties/disabilities**

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Down syndrome	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Dyslexia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Emotional/behavioral disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Attention deficit/hyperactive disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Learning disability	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hydrocephalus	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hyperactivity	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Mental retardation	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Microcephalus	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify severity, type of disability, education or training that was received.)

<b>Birth mother's family medical history – Mental health history</b>				
Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).			
	Yourself	Age at onset	Relative	Age at onset
Autism	<input type="checkbox"/> yes <input type="checkbox"/> no			
Chemically dependent/ alcoholic	<input type="checkbox"/> yes <input type="checkbox"/> no			
Eating disorders	<input type="checkbox"/> yes <input type="checkbox"/> no			
Major depression	<input type="checkbox"/> yes <input type="checkbox"/> no			
Manic-depression	<input type="checkbox"/> yes <input type="checkbox"/> no			
Obsessive compulsive	<input type="checkbox"/> yes <input type="checkbox"/> no			
Phobias	<input type="checkbox"/> yes <input type="checkbox"/> no			
Psychosis	<input type="checkbox"/> yes <input type="checkbox"/> no			
Schizophrenia	<input type="checkbox"/> yes <input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no			

(For each person with above conditions, please specify type of treatment and/or medication, hospitalization for, when and how long.)

<b>Birth mother's family medical history – Miscellaneous conditions</b>				
Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).			
	Yourself	Age at onset	Relative	Age at onset
Baldness	<input type="checkbox"/> yes <input type="checkbox"/> no			
Bedwetting	<input type="checkbox"/> yes <input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no			

(For each person with above conditions, please specify age of onset, severity, type of treatment, etc.)

## Section H

### If applicable, other children born to birth mother

Give the following information about each child born to you:

Gender								
Year of birth								
Adopted?	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Was pregnancy and delivery of this child normal?  If not, please describe any problems or complications.	<input type="checkbox"/> yes	<input type="checkbox"/> no						
If deceased, age at death								
If deceased, cause of death								
Height at birth								
Weight at birth								
Hair color and texture								
Baldness								
Eye color								
Skin color/complexion								
Race								
Nationality								
Religion								
Last grade completed								
Occupation								
Hobbies, talents and interests								

# Section I

## Information about birth mother's family

### Information about your father and his parents

	Your father	Your father's father	Your father's mother
Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

**Birth Mother – information about your father’s brothers and sisters (use additional sheets as necessary)**

Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

**Birth Mother – information about your mother and her parents**

	Your mother	Your mother's father	Your mother's mother
Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

**Birth Mother – information about your mother’s brothers and sisters (use additional sheets as necessary)**

Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

**Birth Mother – information about your brothers and sisters (use additional sheets as necessary)**

Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

## Section J

### Birth Mother – Adoption family history

Are you adopted?  yes  no

If you were adopted, please complete this section about your adoptive family:

	Your adoptive father	Your adoptive mother
Year of birth		
If deceased, age at death		
If deceased, cause of death		
Hobbies, talents and interests		
Last grade completed		
Occupation		
Previous occupation(s)		
Race		
Nationality		
Religion		
Marital status		

### Birth Mother – Information about your adoptive brothers and sisters (use additional sheets as necessary)

Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Marital status			

## Section K

### Adoption Planning

What is your relationship with your child's other parent?

Indicate your reasons for making an adoption plan for your child:

I understand that this medical and social history information is for my child. This history is to provide my child with important health information. The history will also answer questions my child may have in the future. Information in this history must be released to the adoptive family as required by Minnesota Statutes, Section 259.43.

# Information about father of child

## Background

State law requires that specific health and social history be given to a child's adoptive parents or other permanent caretakers. The collection and transfer of information is extremely important for identifying and meeting the child's needs.

## Instructions

This Social and Medical History form was designed to help you provide information about you and your family. This information is important to your child's medical care. While the form looks long, it should be easy to complete. Please feel free to ask someone to help you.

This information is important for your child. It will also help the caregivers, who will be parenting, to better understand your child. To protect your family's privacy, the forms do not ask for identifying information.

Please be as complete as possible filling out these social and medical history forms. When you have completed the booklet, your agency worker or your attorney will make several photocopies. The original copy is for the adoptive parents; one copy is for you; and one copy is for the agency or attorney's file. The court completing the adoption will also receive a copy.

Thank you for taking the time to complete this history.

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## Section A

### Birth father's general background information (do not include identifying information)

Date: \_\_\_\_\_

#### Background information concerning

Child's name:

Due date:

DOB:

#### Birth father's general background information:

Date of birth:

State/country:

Religion:

Nationality:

Race/ethnicity:

If American Indian, specify tribe(s):

Enrolled?  yes  no

Eligible for enrollment?  yes  no

Member?  yes  no

Eligible for membership?  yes  no

Marital status at time of child's birth:

single  married  legally separated  divorced  widowed

If married, is spouse aware of pregnancy?  yes  no

Occupation of spouse:

Date of marriage:

If legally separated, date of separation:

Date of divorce:

If widowed, date of spouse's death:

Physical description

Height:

Weight:

Eye color:

Hair color and texture:

Skin color:

Distinguishing physical features:

Describe personality:

## Section B

### Birth father's educational history

Completed high school  yes  no

Last grade completed:

Average grades earned in school:

Additional education (specify: college, vocational, etc.)

Do you have a plan for additional schooling?  yes  no  
If yes, what type?

Favorite subjects and areas of interests:

Least favorite subjects:

Talents, hobbies, interests, pastime activities:

What was school like for you?

### Birth father's employment history

Current occupation:  
Length of time employed at above:

Previous occupation(s):

### Birth father's armed services history

Have you ever been in the armed services?  yes  no

If yes, what branch of service?

What were your duties?

## Section C

### Birth father's health

Describe your present general health:

#### Diseases:

<input type="checkbox"/> Pertussis (whooping cough)	<input type="checkbox"/> Allergy	<input type="checkbox"/> Convulsions
<input type="checkbox"/> Smallpox	<input type="checkbox"/> Scarlet fever	<input type="checkbox"/> Measles
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Meningitis
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Encephalitis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Otitis Media (ear infection)	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Pneumonia

Other diseases:

Past surgeries and hospitalizations (and when):

Any chronic or serious illnesses (other than above)?  yes  no  
If yes, describe:

History of head injuries, loss of consciousness or seizures?  yes  no  
If yes, describe:

History of problems or complications during your own birth?  yes  no  
If yes, describe:

## Section D

### Birth father — Risk factors for your child developing HIV/AIDS or other sexually transmitted diseases

Prior to the birth of this child have you:	Yes	No
Had a blood transfusion?		
Been tested positive for Hepatitis B?		
Had an antibodies test for AIDS?		
Had a sexually transmitted disease such as gonorrhea, venereal warts, chlamydia, herpes?		
Engaged in unprotected intercourse?		
<b>Had intercourse with a partner who:</b>		
May have been gay or bisexual?		
Had other sexual partners?		
Was an injecting drug user?		
Was from anywhere outside the United States?		
Was a hemophiliac or had a blood transfusion?		
Was a known HIV carrier?		

## Section E

### Birth father's chemical/drug usage

Type	Yes	No	When used	How often	How much
Alcohol					
Amphetamines (pep pills)					
Barbiturates (downers)					
Cocaine					
Heroin					
LSD (acid)					
Marijuana					
Angel Dust (PCP)					
Nicotine					
Prescription drugs Describe:					
Non-prescription drugs Describe:					
Other Describe:					



## Section F

### Birth father's family medical history – Eyes

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Astigmatism	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Blindness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cataracts	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Color blindness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Crossed eyes	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Eyes of different colors	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Farsighted	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Glaucoma	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Lazy eye	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Nearsighted	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Night blindness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Refinitis Pigmentosa	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Wandering eye	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other:	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with the above conditions, please specify treatments, hospitalizations and causes e.g., disease, accident)

### Birth father's family medical history – Teeth

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Braces	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cavity prone	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Extra teeth	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Missing teeth	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Mottling	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Overbite	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Pyorrhea	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Teeth grinding	<input type="checkbox"/> yes	<input type="checkbox"/> no			
TMJ (Trans Mandibular Joint)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please indicate any treatments or surgery)

### Birth father's family medical history – Ears/nose/throat

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Chronic ear infections	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Chronic rhinitis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Chronic sinusitis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Deafness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Difficulties with adenoids	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Difficulties with tonsils	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Frequent colds	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Serious hearing problem	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Sickle cell anemia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Snoring problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Speech problems (stuttering, stammering, lisp)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Tubes in ear	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify)::	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments and whether the condition is congenital or from disease or accident.)

### Birth father's family medical history – Physical abnormalities

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Arthritis (rheumatoid, osteo/ juvenile, etc.	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bone tissue deformities	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Brittleness of bones	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cleft lip/cleft palate	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Clubfoot	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Crippling disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Dwarfism	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Facial abnormalities	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Feet (extra/missing toes, webbed)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hands (extra/missing fingers, webbed)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hip abnormalities (congenital hip, shallow socket)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Irregular growth pattern	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Orthopedic problems (skeletal, joint, muscles)	<input type="checkbox"/> yes	<input type="checkbox"/> No			
Osteoporosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Scoliosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Spina bifida	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

### Birth father's family medical history — Diseases/disorders

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Bladder problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Blood disease/disorder e.g., hepatitis, anemia)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cancer (specify type)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cystic fibrosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cysts	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Diabetes (adult or juvenile)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Esophageal problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hernias	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hypoglycemia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Tay-Sachs disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Immune disorders (e.g., lupus)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Intestinal problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Kidney disease/disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other hormone disorders	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Stomach problems (specify type)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Thyroid disorder (specify type)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Tuberculosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Ulcers	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Weight problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

### Birth father's family medical history – Heart/circulatory

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Aneurysm	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Angina	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Arteriosclerosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bleeding problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Congenital heart defect	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Heart attack	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Heart murmur	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hemophilia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
High cholesterol	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hypertension (high blood pressure)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Irregular heartbeat	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other types of anemia (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Pernicious anemia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Stroke	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Varicose veins	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

<b>Birth father's family medical history – Allergies/respiratory</b>					
Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bronchitis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Emphysema	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Food (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hay fever	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other allergies (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other respiratory or breathing problems	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Pneumonia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify severity, type, etc.)

<b>Birth father's family medical history – Childbirth history</b>		
Medical condition	Genetic relatives with condition (indicate how this person is related to you and whether they are from the maternal or paternal side of the family).	
	Relative	Age at onset
Miscarriage		
Stillbirths		
Multiple births (e.g., twins, triplets)		
Other (specify):		

(For each person, please specify age at the time, other related information.)

### Birth father's family medical history – Neurological difficulties

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Alzheimer	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bell's palsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Brain tumor	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bulbar palsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Cerebral palsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Headaches (types)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Huntington's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Lou Gehrig's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Multiple sclerosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Muscular dystrophy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Narcolepsy	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Neuromuscular disorder (myasthenia gravis, etc.)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Paralysis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Parkinson's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Seizures, convulsions, epilepsy (specify)	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Senility	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify any treatments, medication, severity, cause and age of death if related to disease/disorder.)

### Birth father's family medical history – Skin conditions

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Acne	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Birthmarks	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Eczema	<input type="checkbox"/> yes	<input type="checkbox"/> no			
High sunburn risk	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Patches of hair/different color	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Patches of skin/different color	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Psoriasis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Unusual scarring	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other skin problem/disease (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify severity, age of onset, treatment, etc.)

### Birth father's family medical history – Developmentally/learning difficulties/disabilities

Medical condition	Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).				
	Yourself		Age at onset	Relative	Age at onset
Down syndrome	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Dyslexia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Emotional/behavioral disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Attention deficit/hyperactive disorder	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Learning disability	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hydrocephalus	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Hyperactivity	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Mental retardation	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Microcephalus	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify severity, type of disability, education or training that was received.)

<b>Birth father's family medical history – Mental health history</b>					
<b>Medical condition</b>	<b>Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).</b>				
	Yourself		Age at onset	Relative	Age at onset
Autism	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Chemically dependent/ alcoholic	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Eating disorders	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Major depression	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Manic-depression	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Obsessive compulsive	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Phobias	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Psychosis	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Schizophrenia	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify type of treatment and/or medication, hospitalization for, when and how long.)

<b>Birth father's family medical history – Miscellaneous conditions</b>					
<b>Medical condition</b>	<b>Yourself or relatives with condition (indicate how this person is related to the child and whether they are from the maternal or paternal side of the family).</b>				
	Yourself		Age at onset	Relative	Age at onset
Baldness	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Bedwetting	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other (specify):	<input type="checkbox"/> yes	<input type="checkbox"/> no			

(For each person with above conditions, please specify age of onset, severity, type of treatment, etc.)

## Section G

### If applicable, other children born to birth father

Give the following information about each child born to you:

Gender							
Year of birth							
Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no						
Was pregnancy and delivery of this child normal?  If not, please describe any problems or complications.	<input type="checkbox"/> yes <input type="checkbox"/> no						
If deceased, age at death							
If deceased, cause of death							
Height at birth							
Weight at birth							
Hair color and texture							
Baldness							
Eye color							
Skin color/complexion							
Race							
Nationality							
Religion							
Last grade completed							
Occupation							
Hobbies, talents and interests							

## Section H

### Information about birth father's family

#### Information about your father and his parents

	Your father	Your father's father	Your father's mother
Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

**Birth Father – information about your father’s brothers and sisters (use additional sheets as necessary)**

Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

### Birth Father – information about your mother and her parents

	Your mother	Your mother's father	Your mother's mother
Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

**Birth Father – information about your mother’s brothers and sisters (use additional sheets as necessary)**

Adopted?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Gender						
Year of birth						
If deceased, age at death						
If deceased, cause of death						
Adult height						
Adult weight						
Hair color and texture						
Baldness						
Eye color						
Skin color/complexion						
Race						
Nationality						
Religion						
Last grade completed						
Occupation						
Previous occupation(s)						
Hobbies, talents and interests						
Marital status						

**Birth Father – information about your brothers and sisters (use additional sheets as necessary)**

Adopted?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Adult height			
Adult weight			
Hair color and texture			
Baldness			
Eye color			
Skin color/complexion			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Previous occupation(s)			
Hobbies, talents and interests			
Marital status			

## Section I

### Birth Father – Adoption family history

Are you adopted?  yes  no

If you were adopted, please complete this section about your adoptive family:

	Your adoptive father	Your adoptive mother
Year of birth		
If deceased, age at death		
If deceased, cause of death		
Hobbies, talents and interests		
Last grade completed		
Occupation		
Previous occupation(s)		
Race		
Nationality		
Religion		
Marital status		

**Birth Father – Information about your adoptive brothers and sisters (use additional sheets as necessary)**

Gender			
Year of birth			
If deceased, age at death			
If deceased, cause of death			
Race			
Nationality			
Religion			
Last grade completed			
Occupation			
Marital status			

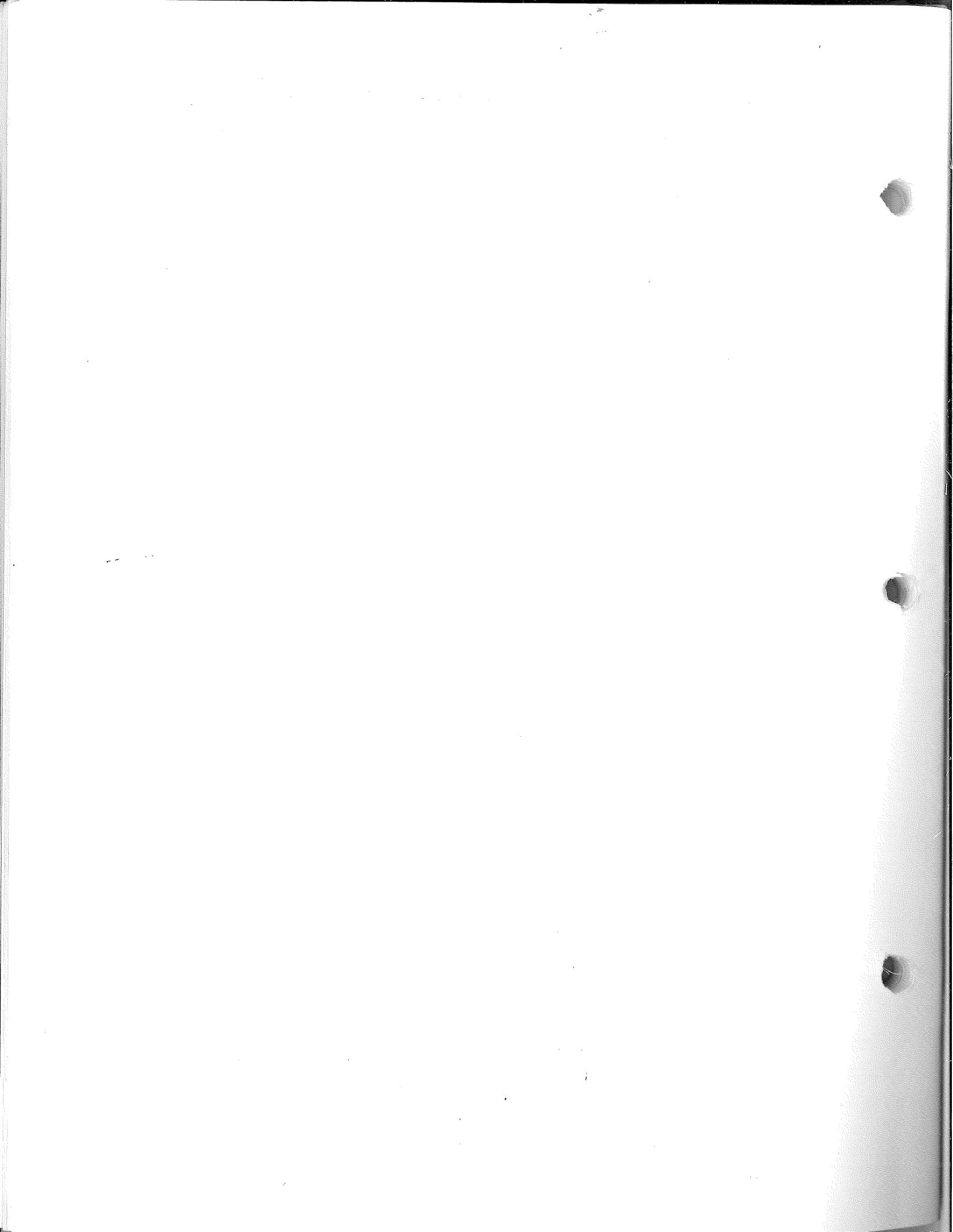
**Section J**

**Adoption Planning**

What is your relationship with your child's other parent?

Indicate your reasons for making an adoption plan for your child:

I understand that this medical and social history information is for my child. This history is to provide my child with important health information. The history will also answer questions my child may have in the future. Information in this history must be released to the adoptive family as required by Minnesota Statutes, Section 259.43.



Bethany Christian Services of Minnesota  
Catholic Charities Archdiocese of St. Paul & Mpls and surrounding 12 counties  
Catholic Charities Diocese of Crookston and surrounding 14 counties  
Catholic Charities of the Diocese of St. Cloud/Caritas Family Services  
Catholic Charities Diocese of Winona and surrounding 20 counties  
Children's Home Society and Family Services  
Lutheran Social Service of Minnesota serving 87 counties  
St Louis County Public Health & Human Services Department  
Wellspring Adoption

March 22, 2005

Dear Madam Chair and Members of the Committee:

Under SF 1005, a birth mother will no longer be able to make a confidential adoption plan for her child once the proposed legislation took effect.

The primary function of SF 1005 is to change the data classification of the original birth record in an adoption from confidential to private. Therefore, there will be no more 'confidential' adoptions in Minnesota.

A provision in the bill creates a 'contact preference statement' in which a birth parent may state that she does not want to be contacted. However, this is a 'preference' and does not prevent the release of the original birth record (with the mother's name on it). There also are no penalties or other means of enforcing her desire to have no contact.

The change in data classification under H.F. 659 will also retroactively impact all adoption birth records, making them available to the adult adopted person without the birth mother's consent.

It is this provision that causes us the gravest concern.

To release data that has been classified under state law as confidential for over 50 years without the consent of the birth parent will have a devastating effect on women who made an adoption plan years ago with the knowledge that the law afforded them its highest level of confidentiality. Many of these women went on in their lives to get married, have children and grandchildren and have not told anyone - including their husband - about the child they placed for adoption.

It can't be right for the state to pull the rug out from under birthmothers when they already chose a difficult and generous path without first seeking their approval for contact.

While 75% of birthmothers welcome contact, approximately 25% of birthmothers, feel strongly that their lives and their families would be profoundly and severely damaged by the revelation of an earlier birth. These birthmothers were promised by state statute, that their confidentiality would be protected and that the seal on the original birth record would not be violated.

These women trusted our word. Trust in the State of Minnesota to keep its word is an essential part of adoption practice. It is this trust that preserves the adoption choice for all birth parents.

**Please allow Birthmothers their promised privacy and oppose SF 1005**

**Current Minnesota statutes provide a fair, consent-based way for adopted persons, birthparents and adoptive parents to request updated information and direct contact.**

- All adopted persons have the right to receive all medical information in agency records and to request and receive updated medical information. In situations of financial need, fees are waived or reduced.
- All adopted persons, birthparents and adoptive parents have the right to request contact with one another. The adoption agency facilitates a confidential search and outreach and provides intermediary services until each party decides to release identifying information and offers intermediary and facilitation services as long as requested.
- All adopted persons have the right to receive all non-identifying information about their birth parents and birth relatives from the agency's adoption record; and, to be notified if updated medical information about a genetic condition is received.
- All adopted persons, adopted after August 1, 1982, have the right to identifying information about the birthparents named on the original birth record, from the agency's adoption record, unless an affidavit objecting to agency release is signed.

# *My Story*



*began long before  
this photo at 22  
months in my  
adoptive home*

# *My Song*

*is a life in progress,  
filled with faith, hope  
and never ending love*



# *Michelle Kristin Johnson*

*These are the first 3 pages  
of a 14 page adoptee lifebook  
used as a model at adoption  
trainings nationally.*

*Ms. Johnson manages a state  
contract at the North American  
Council on Adoptable Children in  
St. Paul. Her 1999 thesis was on  
adoption.*

# My Story on Paper Begins with a 1/2 Truth

012543

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
**CERTIFICATE OF LIVE BIRTH**

MOTHER FATHER CHILD

BIRTH NO. \_\_\_\_\_

1. PLACE OF BIRTH: STATE OF MINNESOTA a. COUNTY <b>Stearns</b>		2. USUAL RESIDENCE OF MOTHER (Where born mother born)	
b. TOWNSHIP _____ c. VILLAGE _____		d. STATE <b>Minnesota</b> e. COUNTY _____	
3. CITY <b>Bank Center</b>		4. ADDRESS OF MOTHER (If not at home, give street address or location)	
5. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		6. ADDRESS OF MOTHER (If not at home, give street address or location)	
7. Is place of birth inside separate building? Yes <input type="checkbox"/> No <input type="checkbox"/>		8. Is residence during pregnancy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Is residence during pregnancy as a tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>		10. Is residence as a tenant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. NAME (First) <b>Michelle</b> (Middle) <b>Christie</b> (Last) <b>Johnson</b>		12. NAME (First) <b>Fred</b> (Middle) <b>Arnold</b> (Last) <b>Johnson</b>	
13. SEX <b>Female</b> (Male) <input type="checkbox"/> (Female) <input checked="" type="checkbox"/>		14. DATE OF BIRTH <b>March 11, 1969</b>	
15. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>		16. USUAL OCCUPATION <b>Teacher</b>	
17. BIRTHPLACE (State or foreign country) <b>Minnesota</b>		18. USUAL OCCUPATION <b>Olson</b>	

I hereby certify that this is the record of birth as officially filed  
March 25, 1969 pursuant to the  
 Uniform Vital Statistics Act.

*Grace Weacht*  
 Deputy State Registrar  
 Minnesota State Board of Health

STATE OF MINNESOTA) 66  
 COUNTY OF HENNEPIN)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics of the Minnesota State Board of Health.

Dated at Minneapolis

*Grace Weacht*  
 Deputy State Registrar  
 Minnesota State Board of Health

September 8, 1971

Any alterations shown were made under the authority of Minnesota Statute 144.172 and the regulations of the State Board of Health.

*My birth mother and father are listed on that first birth certificate that it is currently illegal for me to have. This is not right!*

Madam Chair and Honorable Senators,

My adopted name is Michelle Johnson and I am at the center of the debate today. I want **MY** birth certificate, and you are here to decide if my interest is compelling enough for this to happen.

While it is true that some (a small minority) birth mothers live in fear of hare secret being revealed, all adoptees begin their official record in life with a piece of paper that is a lie. Our births are attributed to people who did not bear us, even as they loved us as their own. On what other document can the truth be omitted without dire consequences?

Private agencies and clergy made promises never guaranteed in statute, and are therefore not binding. Please remember that adoptions like mine were public agency adoptions, in which the county and state never made any promises to birthparents whose rights were terminated. An opposing agency, Wellspring even has a statement on their relinquishment papers for birthmothers that legislation may make confidentiality null and void. This is a correct notion that societies evolve.

Private agencies now practice open adoptions in their infant programs because research and experience has taught us that knowing our origins and having an opportunity to know our birthfamilies is in the best interest of the adoptee. The "You're out of luck because you were born too long ago" is neither fair, or ethical.

Giving us access to our birth records does not always equate to a search. My brother has no desire to contact anyone, but he does want his original certificate. People like my friend Carrie respect requests not to contact birthparents when this is their desire. These mothers living in fear will have an opportunity to make their desires known through our public campaign.

Use precedents like Oregon to guide your decision. Agencies warned of distraught birthmother. Actually, no birthmothers complained (in fact many changed their minds in the 2 to 5 decades since and welcomed ore instigated contact). Even opponents later admitted they were wrong.

I believe that access to my birth certificate is a civil right, and other state legislatures agree. I am a survivor of a broken child welfare system that continually forgets my best interest. This bill already represents compromise which has some more radical groups upset (the all or nothing philosophy I agree with in this case, but understand does not allow people to meet in the middle). To go further again prioritizes powerful agencies and fearful birthmothers in the minority who have been adults for 3 to 6 decades and no longer need your paternal protection.

I want to know the full name my birthmother gave me. You have the power to grant this wish and affirm that child welfare, my best interest is paramount. Thank You

*This Page is Reserved for My Original Birth  
Certificate I hope to Have One Day Soon*

*It will show that my birth mother named me  
Evette Gail and I will at last see my birth last  
name, something non-adoptees take for granted.*

March 3, 2005

To Whom It May Concern:

This letter is in regards to the Adoption Reform Bill – HF659/SF1005. Please take a few minutes and read my letter.

I am an adopted adult (1961) and also a birthparent that placed a child for adoption in 1979, during which time adoptions were closed. In 2004 I completed a successful search for my birthmother through the MN Licensed Adoption Agency that my adoptive parents used.

I was very fortunate as I was raised in a loving family with the best parents anyone could ever hope for. As far back as I can remember I have known I was adopted. It was never a secret and my adoptive parents to the best of their abilities answered any questions I had. I always knew there was information missing from my background history but at the time it was not crucial that I have that information and would not have changed who I am even if I would have known. My adoptive parents raised me into the person I am today. They nurtured me, shaped me, and instilled in me the strong values I have today. In other words they molded me into the person I am today. I knew there was information missing on my background such as medical history updates but I also knew that I could contact the MN Licensed Adoption Agency that my adoptive parents used and get this information if I needed it. I knew the MN Licensed Adoption Agency would give me any information from the record and if more current information was needed a search could be done for my birthparents to get updated information. I never felt that I was missing vital information about my past. I was a product of my loving environment thanks to my wonderful adoptive parents. I never felt incomplete or different from other kids. There were options available to me as there are to all adopted adults to receive missing information.

When I was 17 I found myself making some poor choices. I became pregnant and the birthfather couldn't deal with the pregnancy so he left without any contact with me throughout the pregnancy. I knew abortion was not the answer from the beginning and that I would have my baby. With a lot of support from my adoptive parents I decided adoption was the best thing for my baby. I wanted him/her to have a better life than I could give at that time in my life. I knew adoption was a loving option and that adoptive parents really wanted children but couldn't have any of their own. I had experienced the love of adoptive parents first hand. It was a very trying period in my life. Society treated unmarried pregnant females differently than they do today. Confidentiality was a huge part of my adoption plan. One could not even guess at the changes in society's viewpoints in the years to come.

If anyone had told me that in 2004 a group of individuals (MCAR – Minnesotans for Adoption Reform) would try to change the confidentiality laws without my consent I would never have believed it. I have the right to maintain my privacy in this a most private and intimate decision in my life. If I want to find out more information on my birthparents or on my birthson I have the option of contacting the MN Licensed Adoption Agency and doing a search. Times have changed as well as society's outlook on unwed pregnancies and adoptions. Adoption is looked at differently now than it was years ago. It is unfair to all members of the triad to take away the confidentiality rights they were promised in MN Statute 259.61 and in later years MN Statute 259.79. If the law is to be changed please change it for future generations and not those individuals from years past. Please don't take away my constitutional right to the privacy I was

promised by the MN Licensed Adoption Agency as well as MN Statutes. I would feel very uncomfortable with my birth child having access to his original birth certificate. With that information he would be able to contact me directly without going through the MN Licensed Adoption Agency I used as my parents still live at the same address. With direct contact there is no warning, preparation time or help dealing with all of the emotions and feelings that would arise after being buried for so long.

I feel the best way to proceed with this issue of wanting medical and/or original birth certificates of birthmothers and birthfathers would be to notify members of the triad somehow of their option to contact the MN Licensed Adoption Agency that was used and ask questions of the agency and follow the process the agency already has in place. This way no one's right of privacy would be violated and everyone involved can make his or her own choice. By going through the adoption agency those of us that were promised confidentiality in years past would be able to maintain said confidentiality if this is what we choose to do.

In late 2003 I contacted the MN Licensed Adoption Agency that my adoptive parents used to find out how I could find out more information on my birthparents. I was sent out some forms explaining the search process and the fees associated with the different options available to me. The form also stated that fees could be reduced depending on your financial situation and that the agency was willing to work with you on the fee charged for the search. In March of 2004 the MN Licensed Adoption Agency contacted me to begin the search.

During an intake process on the phone with a Post Adoption Licensed Social Worker which lasted about 30 minutes, I was asked questions about my motives for doing a search, my mental status, my support system etc. I was sent forms that I needed to read, fill out, sign and return along with a letter to my birthmother explaining why I was trying to find her. In May the MN Licensed Adoption Agency contacted me that they had located my birthmother and she was willing to accept my letter. The Post Adoption Licensed Social Worker talked with me at length again about my feelings, my support system and my adoptive parents feelings on this. Several calls were made to me at home lasting anywhere from 10 – 30 minutes just to see how I was doing with the search process. I felt the Social Worker really cared about me and my reunification, whatever that might be, with my birthmother. Letters were sent back and forth for a couple of months and now we are completely identified with one another and it has worked out wonderfully. There was a slight wait for identification as my birthmother had not told her other children about me and so she had to find the right time to tell them. She told me if I would have found her without going through the MN Licensed Adoption Agency she is not sure what she would have done. It was a huge surprise and it took awhile for her to get used to the idea of contact. The Social Worker talked with her often too and helped her to process the search and identification process. We are both comfortable and very happy with our outcome. I feel it turned out so positive because of the caring Social Worker who took the time to get to know each of us and help us with the reunification process.

When I attended a meeting that the MCAR held they would have you believe that adopted persons are traumatized by not knowing who they are. In other words because they don't know their birthmother and birthfather's name and place of their birth this somehow affected their upbringing and the person they are today. They don't feel they are complete without this information. I feel every person is a product of his or her environment and upbringing. I don't believe it has anything to do with a birthparent's name or their place of birth.

In this meeting the MCAR also stated that birthmother's were never promised confidentiality and this is something adoption agencies made up so that birthmother's would place their child. This is incorrect as there are MN Statutes 259.61 and 259.79 that govern this confidentiality.

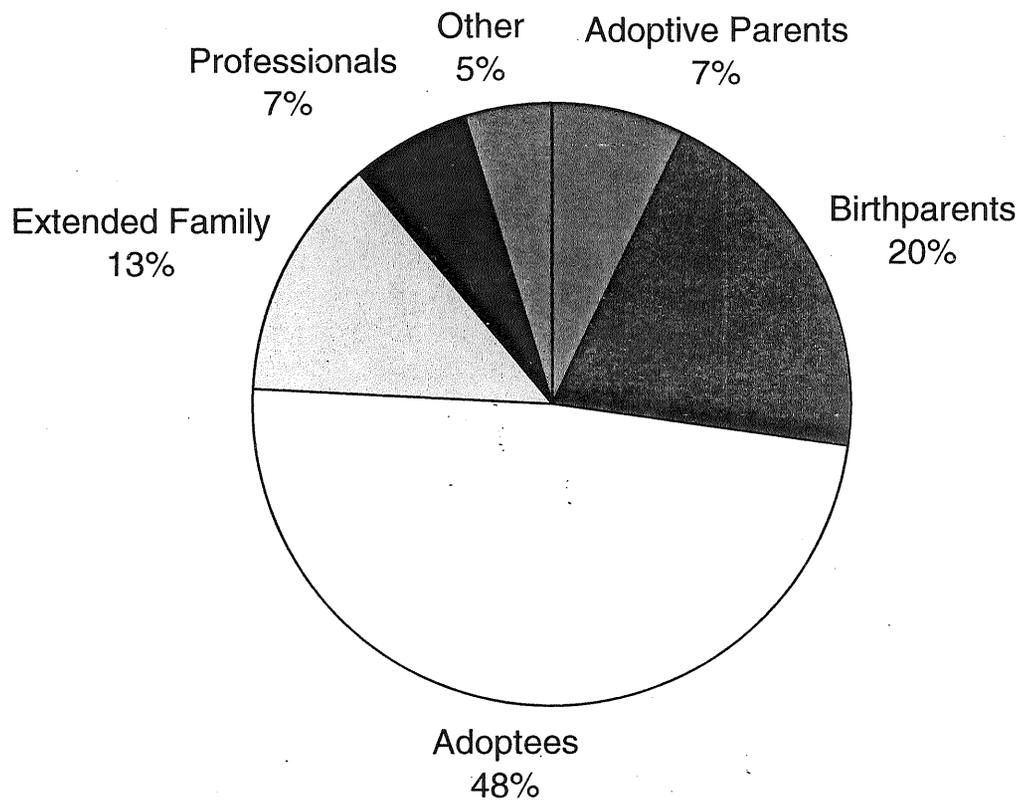
Please consider all individuals rights to confidentiality and privacy and do not take this away from us.

Vote **NO** on Adoption Reform Bill – HF659/SF1005

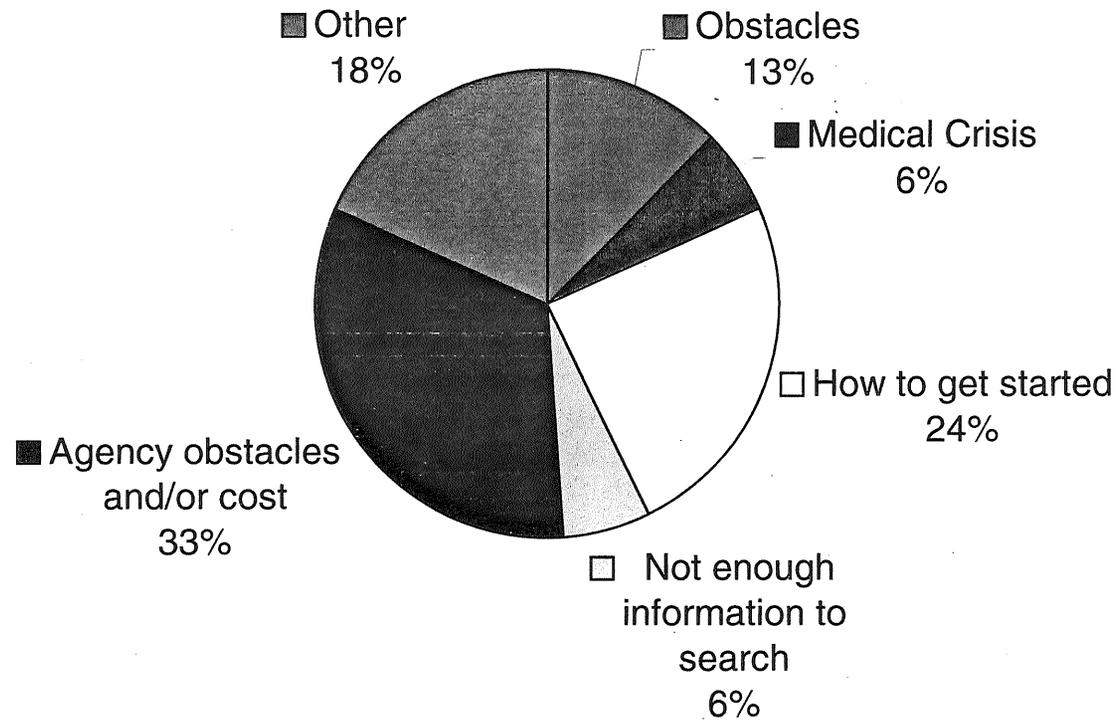
Sincerely,

Lori Collins  
4672 Sandywood Ct SE  
Rochester, MN 55904  
Phone: 507-252-9967  
Email: loric@charter.net

**169 Calls to Minnesota Adoption Support and Preservation  
Regarding Access to Records in 2004  
- Population of Callers**



**169 Calls to Minnesota Adoption Support and Preservation  
Regarding Access to Records in 2004  
-Purpose of Call**





Catholic Charities  
Diocese of Winona

PROVIDING HELP. CREATING HOPE.

Winona Regional Office

March 2, 2005

Senator Sheila Kiscaden  
325 Capitol  
St. Paul, MN 55155

Dear Sheila:

I want to touch base with you today because there is an adoption reform bill that has been introduced. The number is HF659/SF1005. I want to point out to you that I think it's a concern that this bill would automatically release identifying information about older birthmothers who placed children many years ago believing that their information would be held confidential. Adoptees are certainly able to search for birthparents, and birthparents are certainly able to search for adoptees through an intermediary like the placing agency. In this way everyone's confidentiality remains protected. We are always able to do background health histories for adoptees when they ask, whether or not they ask us to locate birthparents, and whether or not the birthparents give us updated information. When there is a genuine medical need, we are always willing to waive the fee, and do.

At the current time about 20% of birthparents choose not to release their identifying information when we reach them. At least half of those still give us updated health information to release to the adoptee. It is interesting that about the same percentage of adult adoptees ask to remain confidential when we ask for their identifying information on behalf of a birthparent.

From here on out it's really no problem to release birth records, as birthparents who are placing will have their consent informed. My concern is that if it's done retroactively, there is no way to retroactively inform consent. Some of these birthparents will be happy to be contacted directly by an adoptee. However, a significant percentage will feel traumatized. My experience is that the older birthmothers, those who placed prior to about 1970, are the ones who truly don't want their identifying information released in a greater percentage. These are women who are getting old enough to be vulnerable and frail. Our agency has been placing children since the late 40's. Thus we have experience with these very senior birthparents who I would see as victims were this bill to pass.

If you have any questions about this issue, feel free to call me at work at 507-454-2270, or at home at 507-452-6690. My email is [mborgen@ccwinona.org](mailto:mborgen@ccwinona.org). Continued good luck to you, and thanks to you as you serve your constituency.

Sincerely,

Mary Chase Borgen, MS, LICSW  
Licensed Independent Clinical Social Worker

## HEAR FROM ADOPTEES: THE FOCUS OF SF 1005



**Gretchen Taylor**

"I had severe and chronic lung disease because of being born very prematurely. Five years ago they told me I needed a single lung transplant. That's when I said, 'I'm going to go and get my records, because I am *not* going through that procedure without knowing what possible implications there could be in my history.' I ended up getting a court order to get my records open and there was nothing – basically just one page in my file. Over the years since I've talked to some members of my birth family, I've become more aware that it isn't a piece of paper that's supposed to tell you what you need. It takes personal involvement with people who know things about your family before you get the whole story."



**Carrie Blesener**

Blesener had a tumultuous relationship with her adoptive parents while she was growing up, and she now believes that not knowing her own history was a large part of the problem. She says, "There's this hunger in you when you've never seen anyone that you're genetically related to. And I think that can wear on you."



**Michele Benson**

"I waited too long. My mother died 17 days before I officially started to search. Now I have found siblings, cousins and a huge loving family who had never been told about me." Instead of protecting the birth mother, Benson believes that current laws actually harm her by perpetuating the shame of yesteryear. "We're infantilizing both the adoptee and the birthmother by hiding the truth. It's Pandora's Box all over again. People told Pandora, 'Don't open the box. There are bad things in there.' She opened it, and the bad things did exist, but they came out and disappeared. And at the bottom, Pandora found hope."



**Michael Tiedeman**

Michael is hearing impaired, a condition caused by his birthmother contracting rubella (German Measles) during her pregnancy. Efforts to get his medical or birth information have failed. Tiedeman says, "This legislation is important to me for three reasons: genetics, health information and to find the healing that comes from knowing your true identity of who you are as a whole."



**Robert O'Connor**

"By overnight express mail came the letter I had been waiting for. The letter was handwritten from my birth mom, and it said that she always knew that we would be reunited again before she departed this earth, and that I had 41 first cousins, eight aunts and uncles, a grandmother, and a church family that we belonged to before we were given up for adoption -- people who were still there waiting for us. And that she indeed wanted contact, on whatever grounds that we wanted, and she included her phone number."



**Lena Marx**

"I think the hardest, most challenging part about being adopted from Brazil is all the things you don't know. I think a lot of what a person becomes is based on the traits of their parents. I don't know my birthparents, let alone their traits. Also, it can be hard not knowing things like family diseases. I was diagnosed with rheumatoid arthritis two years ago, and I don't know where it came from."

## The Majority of Birth Parents Want Contact

- The Minnesota Department of Health in switching to electronic data has discovered that ninety percent of birthparents who have filed an Affidavit wish to have contact with the children they placed for adoption. This statistic aligns with other states, provinces and countries that also found the numbers of those requesting “no contact” dropped within a year of enactment of reform legislation to less than five percent.
- Almost 15,000 adults who were adopted have requested their original birth records from the four states with open records in as many years. Over 80 percent of the 854 birth parents who contacted the four states (Alabama, Delaware, Oregon and Tennessee) consented to the adult adoptees contacting them. Just 15 birth parents in Delaware have vetoed the adoptees' request for records while 472 of 502 adopted persons have received their records.
- The Georgia Office of Adoption reports that “about 85-90 percent of the birth parents we contact do want contact” and each year about 1,000 people sign up for the Georgia Adoption Reunion Registry.
- Confidential intermediary programs statistics presented in favor of Tennessee open records law showed ninety-five percent of birth parents wanted to be contacted by their children.
- The state of New Jersey reports that 94.9% of “350 living birth family members contacted in a four-year period wanted contact if adoptees requested it; in 4097 contacts with birth mothers between 1981 and 1996, 7.5% refused contact with adoptees.”
- A 1989 Maine Department of Human Resources Task Force on Adoption study found that all birth parents surveyed (130) “wanted to be found by the child/adult they had placed for adoption and ninety-five percent of the adoptees [164 adoptees] who were surveyed expressed a desire to be found by their birth parents.”
- A 1991 study reported that over 80% of *both* birth parents (85.5%) and adoptees (81.1%) favor access to identifying information
- Research conducted by the Child Welfare League of American “uniformly finds that birth parents do not forget the children they relinquished for adoption and express strong desires to be found by them; wonder whether they are alive and healthy; and find that the grief they experienced in having relinquished their children for adoption was intensified by the secrecy surrounding adoption and the walls the adoption system has erected against any contact.”
- The vast majority of Americans – 84 percent – believe adult adoptees should have full access to their adoption records, while only 12 percent believe they should not, according to a new study conducted by The Findlaw Birth Records survey that asked 1,000 adults, “Should adopted children be granted full access to their adoption records when they become adults?” [www.company.findlaw.com/pr/2003/112503.adoptiondocs](http://www.company.findlaw.com/pr/2003/112503.adoptiondocs)

**SF 1005**

**Supported by:**

American Adoption Congress (AAC)

AK Connection, Inc. (Adopted Koreans Organization)

Concerned United Birthparents (CUB)

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Evan B. Donaldson Adoption Institute

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Minnesota Adoption Resource Network (MARN)

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C.L. Moore, Licensed Psychologist

Mothers for Open Records Everywhere (MORE)

North American Council on Adoptable Children (NACAC)

National Association of Black Social Workers, Minnesota Chapter

Robert O'Connor, Therapist, Professor of Social Work

Claude Riedel, Adoption Therapist

Special Parents Adoption Network (SPAN)

Warren Watson, Adoption Therapist



National Council  
For Adoption

## CONSENT VERSUS COERCION: HOW SF1005 HARMS ADOPTION

Lee A. Allen  
Director, Communications and Policy  
National Council For Adoption  
March 15, 2005

**CONSENT VERSUS COERCION:  
HOW SF1005 HARMS ADOPTION**

If enacted, the unconditional “open records” provision of SF1005 would harm the institution of adoption in Minnesota and unjustly and unnecessarily disrupt and harm the lives of many innocent people involved in adoption. Adoption is a highly successful social institution that has wonderfully served needy children and birthparents who are unable or unready to parent. Yet without any findings to justify the change, SF1005 would dramatically depart from current practice, by eliminating even the option of confidentiality in adoption.

**Privacy Rights in Adoption**

The right to maintain or waive one’s privacy in adoption is essential to the human rights and personal dignity of adopted persons, birthparents, and adoptive parents. Adoption policy and practice should not empower one party to adoption to receive identifying information or unilaterally impose contacts without the consent of another party. Birthparents and adult adopted persons who desire to have contact should be able to do so, when *both* agree. Otherwise, both should be able to control the release of their identifying information and whether and when contacts are to occur.

Search and reunion advocacy is commonplace in the media, but the range of views among birthparents, adopted persons, and adoptive parents regarding confidentiality and openness in adoption are actually as diverse and personal as they can be. The only just way to reconcile these varying views is through mutual consent, not unilateral coercion. Yet SF1005 would impose a one-size-fits-all, mandatory openness policy on all adoptions, past, present, and future, even when birthparents had been promised confidentiality. It would eliminate Minnesota’s current humane policy based on mutual consent. SF1005’s contact preference form is ineffective and offers birthparents no control over the release of their identifying information and whether and when contacts are to occur.

**Other States’ Rejection of SF1005’s “Open Records” Policy**

Very few states have adopted SF1005’s one-size-fits-all, mandatory-openness policy, and they are the aberration, not the trend. Since 2001, at least 12 states have considered more than 25 pieces of similar legislation. Only one state, New Hampshire, approved the measure, and then only by the slimmest of margins, 12-11 in the Senate. There are still 45 states that allow birthparents to control whether their identifying information will be released. Almost all states appropriately base their adoption records policy on the principle of mutual consent.

## The Vocal Minority and Silent Majority

Unfortunately, the loudest voices the legislature and the general public are likely to hear regarding SF1005 belong to a small minority who demand the right for adopted persons to identify and contact their birthparents, with or without birthparents' consent. Led by a national organization named Bastard Nation, these activists are not adoption advocates. Their focus is on eliminating confidentiality in adoption, or "secrecy and shame," as they attempt to caricature it. When they target a state, they mobilize their national network to contact legislators. Because they are well organized, and because they mobilize their activists across the country not only in the target state, they seem to represent more people than they actually do.

On the other hand, the many parties to adoption who prefer privacy cannot discuss their views publicly without sacrificing the very privacy they desire to protect. Birthparents who desire to maintain confidentiality must either remain mute while their rights are being taken away or lose their confidentiality in the very act of defending it. Of course, many adopted persons are curious about their birthparents, but the vast majority of them do not search. The National Adoption Information Clearinghouse reports sources that 85 to 99 percent do not search. Whether they search or not, most adopted persons know who their parents are, the ones who raised them, and they are not interested in having the right to force themselves on their birthparents.

There are several ways that SF1005's elimination of confidentiality in adoption would harm adoption, children, families, and birthparents:

- **First, SF1005 would violate birthparents' basic human right to privacy.** SF1005 would completely eliminate birthparents' right to choose a confidential adoption, both retroactively and prospectively. To open records retroactively without the approval of a birthmother who was promised privacy is a particularly egregious violation of trust and common decency. For the typical birthmother, making an adoption plan for her child is a supremely loving act, committed in the best interests of her child. The state of Minnesota should honor birthmothers for this act of love, not punish them by stripping them of their basic human right to privacy.

Under SF1005, no future birthmother in Minnesota would be allowed to choose a private adoption, no matter what the circumstances of pregnancy or birth. Without the right to choose a confidential adoption, the birthmother who felt she must have privacy would have no choice but abortion. As stated by Jeremiah Gutman, director of the American Civil Liberties Union (ACLU) and former chair of the ACLU's Privacy Committee, a woman facing an unplanned pregnancy could maintain her privacy *only* if she had an abortion.<sup>1</sup> Would the state of Minnesota grant a woman with an unplanned pregnancy a right to private abortion but not to private adoption?

We ask the Senate Health and Family Security Committee to recognize that there are any number of legitimate and understandable reasons that birthparents may desire privacy – perhaps, the birthmother does not want to relive the experience of rape or incest that caused

the pregnancy; perhaps the birthparent would be psychologically or emotionally unable or unready to handle the stress of renewed contact; perhaps the birthparent does not want to upset his or her spouse, family, and friends with a never shared revelation; or perhaps the birthparent simply believes that the healthiest approach for all parties is not to have an ongoing relationship. Does the state of Minnesota truly believe that one-size-fits-all, mandatory open records is a superior policy to respecting birthparents' loving discernment and their right to privacy?

- **Second, SF1005 would increase the number of unwanted, unilaterally imposed contacts and wreak havoc in people's lives.** Providing adult adopted persons identifying birthparent information without birthparents' knowledge or approval would, obviously, increase the number of unwanted, unilaterally imposed contacts. Thousands of Minnesota birthparents, around the country and world, would be unaware that their privacy was eliminated by this law. And, even if they were aware of it, they would be powerless to prevent unwanted contacts or control the timing of them. As the bill states, SF1005's contact preference form does not prohibit adopted persons from contacting birthparents. Unwanted reunions between adult adopted persons and birthparents are often highly disruptive and unsatisfactory for everyone involved, despite the rosy scenarios sometimes portrayed in the media. Even when adopted persons and birthparents mutually consent to contact, their satisfaction with reunions and ongoing relationships is quite unpredictable.
- **Third, SF1005 would undermine the strength of the adoptive family.** A chief reason adoption has been so successful is because society and law have respected the adoptive family as the child's true and permanent family. But by empowering one side to force themselves on the other, the state of Minnesota would establish as the legal norm and the cultural expectation that adopted persons and their birthparents will, and should, "reunite" when the child reaches the age of majority. Such a policy would not only promote emotional and traumatic experiences in families, it would also send the corrosive message that adoptive families are somehow inadequate to meet the psychological needs of their adopted members. This message attacks a very foundation of adoption, that the adoptive family is the child's true and permanent family. Adoptive parenting has provided untold social and familial blessings to children throughout the years. Law and society must continue to respect the adoptive family's status as the adopted person's true and permanent family, in order for those blessings to continue.
- **Fourth, SF1005 would reduce the number of adoptions and increase the number of abortions.** "Open-records" advocates' argument that eliminating the option of confidentiality in adoption would have no effect on the number of abortions defies common sense. Obviously, some number of women with unplanned pregnancies, who would otherwise choose adoption, would choose abortion if they could not choose adoption with the assurance of privacy. What that number would be is impossible to tell, but what does it need to be? The loss of human potential from even one abortion that would have been an adoption is unknowable. And the ratio of adoptions to abortions in Minnesota is already extremely low. In 1996, Minnesota had only 38 domestic infant adoptions placements for every 1,000 abortions.<sup>ii</sup>

- **Fifth, SF1005 would reduce the number of adoptions and increase the number of children in foster care.** Eliminating privacy in adoption would mean that women with unplanned, out-of-wedlock births, who would only choose adoption if it was confidential, would have no choice but to single-parent. Social science data clearly reveal that the more single parents there are, the more children languish in foster care, with greatly increased social and economic costs as a result. Additionally, fewer couples would be willing to adopt, because of the promotion of the view of adoption as long-term foster care, and because of heightened fear over birthparents' ability to disrupt the adoptive family. With fewer families willing to adopt, more children would be stuck in foster care for longer periods of time. Such an outcome would be very costly, both socially and economically.
- **Sixth, SF1005 would perpetuate the myth that adopted persons face debilitating identity problems that can only be resolved by mandatory open records and reunions with birthparents.** The erroneous assumption of mandatory open-records advocates is the false and demeaning notion that in order to be psychologically healthy, all adopted persons must fulfill a deep-seated need to have identifying information about, and contact with, their biological parents. The truth is, however, that the vast majority of persons adopted at a young age accept their adoption readily, and grow up to be successful, happy, stable adults at the same rate as people raised in their biological families. While many adopted persons indicate a curiosity about their biological parents, very few profess anything approaching a need for identifying information or contact. Fewer still would favor having the right to impose themselves on birthparents against their will, and only a small percentage actually search.<sup>iii</sup>
- **Seventh, SF1005 would add nothing to the adopted person's ability to obtain medical information.** Minnesota law already allows for adopted persons to obtain birthparent health history without sacrificing confidentiality. Agencies and attorneys alike willingly facilitate this process confidentially. In addition, the increasing availability of genetic testing is making this issue moot. One can obtain far more information about one's genetic predispositions from such tests than from any medical history of biological parents.

### **A Fair and Effective Policy -- Mutual Consent**

Birthparents and adult adopted persons who desire to exchange identifying information and/or have contact with each other should be allowed to do so. Existing Minnesota law provides for that. By allowing birthparents and adult adopted persons to gain access to adoption records, including the original birth certificate, upon agreement of both parties, Minnesota facilitates mutually desired contact, yet allows birthparents and adult adopted persons to safeguard their privacy, if they so choose. Though one may sympathize with the adopted person who feels a need to know personally their birthparents, mutual consent is the only fair standard for the sharing of identifying information and for contacts between adopted persons and their birthparents.

Opponents of the principle of mutual consent often attempt to justify their opposition by stating that the low frequency of reunions is evidence of the policy's ineffectiveness. The more likely explanation is that those who have not registered their interest in contact simply have chosen not to share identifying information or have contact. People who so choose should be allowed to keep their privacy. Existing law that allows birthparents to authorize, as part of the

adoption approval process, release of their identifying information to the adult adopted child, has the effect of making birthparents aware of the option to forego privacy.

### Conclusion

No other counseling relationship between client and professional service provider is subject to state violation of client privacy. If the state may remove a professionally guaranteed right to confidentiality in adoption, what is to prevent the state from attempting to remove that right in relationships with doctors, lawyers, clergy, and others, as well? Eliminating privacy in adoption resulted in the elimination of adoption as a viable social institution in Great Britain.<sup>iv</sup> It would be tragic and devastating to the interests of children to see that outcome in Minnesota. But the same result could well occur here if SF1005 is enacted, to the detriment of children, birthparents, and families.

In 1996, the state of Minnesota had 543 domestic infant adoptions, as compared with 15,798 non-marital live births and 14,107 abortions.<sup>v</sup> If the Senate Health and Family Security Committee were to pass SF1005, then it would be choosing to continue this trend. If, on the other hand, the Committee defeats this harmful legislation, it would be choosing to protect the loving option of adoption, with all its proven benefits to children, families, and birthparents.

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<sup>i</sup> "Privacy and Adoption," by Jeremiah Gutman, *Adoption Factbook III*, National Council For Adoption, 1999, page 197.

<sup>ii</sup> "National Adoption Data," *Adoption Factbook III*, page 40.

<sup>iii</sup> *Growing Up Adopted: A Portrait of Adolescents and Their Families*, by Peter L. Benson, Ph.D., Anu R. Sharma, Ph.D., L.P., and Eugene Roehlkepartain, Search Institute, Minneapolis, MN, 1994.

<sup>iv</sup> "Removing Privacy and Its Impact on Adoption: An Analysis of Data from England and Wales as Compared with America," by William Pierce, *Adoption Factbook III*, 1999, pages 209-212.

<sup>v</sup> "National Adoption Data," *Adoption Factbook III*, page 40.

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*Lee A. Allen* is Director of Communications and Policy of the National Council For Adoption. The Alexandria, Virginia-based National Council For Adoption is one of America's leading adoption and child welfare organizations. Founded in 1980, the mission of the National Council For Adoption is to promote the well-being of children, birthparents, and adoptive families by advocating for the positive option of adoption.