

STATE OF MICHIGAN
6th JUDICIAL CIRCUIT - FAMILY DIVISION
OAKLAND COUNTY

DECLARATION OF INABILITY TO IDENTIFY/LOCATE FATHER

FILE NO.

Court address 1200 N. Telegraph Rd, Pontiac, MI 48341

Court telephone no. (248) 858-0112

In the matter of _____, adoptee
Full name of child

1. I am the mother of the adoptee named above who was born out of wedlock on _____ at _____
Date

City, county, and state

2. The father of my child:

is _____
Name (type or print)

cannot be identified for the following reasons: _____

3. The father's address or location is not known and cannot be determined. I have made the following reasonable attempt(s) to locate him. State specifically what attempts you made

contacted his family: _____

contacted his friends: _____

visited his last known address: _____

letter to his last known address: _____

other: _____

I declare that this declaration has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Attorney signature

Signature of petitioner

Attorney name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

Do not write below this line – For court use only