

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">DECLARATION OF INABILITY TO IDENTIFY/LOCATE FATHER</p>	<p align="center">FILE NO.</p>
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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; provide names and addresses if known.)

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.

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Date

Signature of petitioner

Name (type or print)

Address

City, state, zip Telephone no.

Do not write below this line - For court use only