

<p align="center"><b>STATE OF MICHIGAN</b>  <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b>  <b>COUNTY</b></p>	<p align="center"><b>DECLARATION OF INABILITY TO IDENTIFY/LOCATE FATHER</b></p>	<p><b>FILE NO.</b></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