

Birth Parent Contact Preference

Birth parents named on the original record of an adopted person indicate whether they would like to be contacted by the adopted person.

Complete and submit this form to indicate your preference for contact from an adopted person. We will attach this form to the adopted person's original birth record. If the record is requested under Minnesota Statutes, section 144.2252 beginning July 1, 2024, we'll share it with the adopted person—or their legal representative or person related to the adopted person if the adopted person is deceased—or as required by law. Submit a new form to change your preference at any time, and we will destroy the old form.

Mail the form to Minnesota Department of Health, Office of Vital Records, PO Box 64499, St. Paul, MN 55164-0499, or email to health.vitalrecords@state.mn.us, or fax to 866-416-1357. Do not send photos or extra documents; we will not share or return additional materials. Call 651-201-5970 with questions. *You are not required to submit a form.*

Original birth record information (before adoption)

Provide as much information as possible to help us locate the original birth record.

Child's birth name _____ Date of birth _____ Sex _____

Place of birth: County _____ City _____ **MN**

Birth Parent (your name) as it appears on the birth record _____

Second parent's name (if any) as it appears on the birth record _____

Child's name after adoption (if known) _____

Contact preference (check one)

I would like to be contacted (provide your current name and contact information below).

I would prefer to be contacted only through an intermediary (provide intermediary name and contact information below).

I prefer not to be contacted at this time. If I decide later that I would like to be contacted, I will submit an updated contact preference from to the Minnesota Department of Health.

Provide information that you think is important for the adopted person to know: