MDH Minnesota Department of Health

Birth Record Amendment Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, parts 4601.1000, subpart 1 and 4601.2600.

Birth Record Information		
First Name	Middle Name	Last Name
Date of Birth	☐Male ☐Female	City and County of Birth
Mother/Parent One First Name	Middle Name	Maiden Name
Father/Parent Two First Name	Middle Name	Last Name

Below, complete ONLY the field(s) to be changed. Do NOT fill all of the boxes.

Child/Subject			
☐First Name		☐Date of Birth	
☐Middle Name		☐Sex	
☐Last Name			
Mother/Parent One			
☐First Name		☐Maiden Name	
☐Middle Name		☐Date of Birth	
☐Last Name		☐Place of Birth	
Father/Parent Two			
☐First Name		☐Date of Birth	
☐Middle Name		☐Place of Birth	
☐Last Name			

Requester Information				
Name			Date of Birth	
Mailing Address – Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

What is your relationship to the subject on the birth record?

☐I am the subject of the record age 18 or older

☐I am a parent listed on the record

☐I am the legal custodian, guardian or representative of the subject **(you must include a certified copy of a court order showing this relationship)**

Signature and Notary Information

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester Signature	
Sworn/affirmed to before me on _____ day of _____, 20_____	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

PENALTIES: Any person who willingly and knowingly supplies false information used in the preparation of this amendment is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes, section 144.227).

MDH Minnesota Department of Health

Birth Record Amendment Application

Requester Name:

Fee and Payment Information

Check all that apply	Item	Fee per item	Total
X	Birth record amendment	$40	**$40**
	Optional: New birth certificate after amendment sent by First Class Mail®.	$26	
	Optional: Each *additional* birth certificate for the same record purchased now.	$19	
	Optional: Rush processing fee places your request ahead of non-expedited requests. This fee is for rush processing only.	$20	
	Optional: Additional fee *only* for United Parcel Service (UPS) shipping *after* your request is processed. ☐ Check here to require a signature for delivery. ***The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature.*** **UPS will not deliver to PO boxes or APO addresses.**	$16	
		Total:	

Type of payment: ☐Credit Card ☐Money order ☐Check

If paying by credit card (MasterCard/VISA/Discover):

Name on card	Card number	Expiration date	3 digit security code

If paying by check or money order (make payable to Minnesota Department of Health):

Check/money order number

Checks returned for non-payment will be charged a $30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Send application and payment:

By MAIL to:
Minnesota Department of Health
Central Cashiering – Vital Records
PO Box 64499
St. Paul, MN 55164-0499

If you have questions, please contact the Minnesota Department of Health, Office of Vital Records at health.amend@state.mn.us or 651-201-5990.