



APPLICATION TO AMEND A BIRTH RECORD

This application must be notarized.

To identify the birth record to be amended, enter the following information as it **CURRENTLY** appears on the record.

REGISTRANT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD	
BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY OF BIRTH	
MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME	
FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME	

To amend the birth record identified above, enter information below only if you want the information to be changed. Do not repeat information that currently appears on the birth record.

CHANGE THE REGISTRANT'S			
FIRST NAME to:		DATE OF BIRTH to	
MIDDLE NAME to:		CITY OF BIRTH to:	
LAST NAME to:		COUNTY OF BIRTH to:	
SEX to:			

CHANGE THE MOTHER'S			
FIRST NAME to:		MAIDEN NAME to:	
MIDDLE NAME to:		BIRTHPLACE to:	
LAST NAME to			

CHANGE THE FATHER'S			
FIRST NAME to:		BIRTHPLACE to:	
MIDDLE NAME to:			
LAST NAME to			

The following information about the applicant requesting the amendment is required by Minnesota Rules, part 4601.1000, subpart 1. Check one box.

1. I am the registrant and I am age 18 years or older.
2. I am the parent of the registrant.
3. I am the legal guardian or legal representative and I have enclosed documentation of this relationship to the registrant.

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

Signed or attested before me on:

_____ Date

_____ Notary Public

My commission expires: _____



_____ Signature of applicant

_____ Name of Applicant - Please print or type

_____ Street Address

_____ City, State, Zip

_____ Telephone Number _____ Date of Birth