



MINNESOTA BIRTH RECORD AMENDMENT APPLICATION

This application must be signed in front of a notary public.
 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.

PART I: Birth Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	SEX	CITY & COUNTY OF BIRTH
MOTHER'S FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME

PART II: Information to be Amended

Please check only the item(s) to be changed or added and write in the correct information.

Child/Subject			
<input type="checkbox"/> First Name		<input type="checkbox"/> Date of Birth	
<input type="checkbox"/> Middle Name		<input type="checkbox"/> Sex	
<input type="checkbox"/> Last Name			
Mother			
<input type="checkbox"/> First Name		<input type="checkbox"/> Maiden Name	
<input type="checkbox"/> Middle Name		<input type="checkbox"/> Date of Birth	
<input type="checkbox"/> Last Name		<input type="checkbox"/> Place of Birth	
Father			
<input type="checkbox"/> First Name		<input type="checkbox"/> Date of Birth	
<input type="checkbox"/> Middle Name		<input type="checkbox"/> Place of Birth	
<input type="checkbox"/> Last Name			

PART III: Requester Information

NAME (PLEASE PRINT)		DATE OF BIRTH
MAILING ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE		EMAIL ADDRESS

PART IV: 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 submit a certified copy of a court order showing this relationship)**

PART V: Signature and Notary Information

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

REQUESTER'S 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).



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REQUESTER'S NAME:

PART VI: 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	\$26	
	Optional: Exchange a birth certificate you already have that was issued more than one year ago (you must submit the old birth certificate)	\$17	
	Optional: Exchange a birth certificate you already have that was issued less than one year ago (you must submit the old birth certificate)	\$0	
	Optional: Federal Express delivery This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want Federal Express to require a signature for receipt. If you do not check this box, no signature will be required. Federal Express will not deliver to P.O. boxes or A.P.O. addresses.	\$16	
	Optional: Expedite This is an <u>additional</u> fee that will place this request ahead of non-expedited requests.	\$20	
		Total:	

Type of payment: Credit Card Money order Check

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

Name on card: _____ Card number: _____
 3-digit security code on back of card: _____ Expiration date: _____

If paying by check or money order:

Check/money order number: _____ Amount: _____

Due to high administrative costs, we are unable to issue refunds for overpayment.
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.

Mail application, supporting documents and fee to:

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