



MINNESOTA BIRTH RECORD APPLICATION FEE WORKSHEET – NON-CERTIFIED COPY.

| NAME OF PERSON APPLYING: | | FIRST | MIDDLE | LAST |
|--|---|---------------------------------------|---|---|
| HOW MANY | ITEM | FEE FOR EACH | TOTAL | |
| | First non-certified copy for each birth record ordered | \$13 | \$ | |
| | Additional certificates for same record | \$6 | \$ | |
| | <p>Optional - An expedite fee is an additional per-record fee that will place your application ahead of other applications.</p> <p>The expedite fee DOES NOT replace the \$16 per record fee.</p> <p>An expedite fee DOES NOT include Federal Express or other special mailing fees.</p> | \$20 | \$ | |
| | <p>Optional - Federal Express Mail Service is \$16 for most deliveries.</p> <p>Higher rates apply to:</p> <ul style="list-style-type: none"> • Saturday delivery • International service • Alaska and Hawaii deliveries <p>(please call Fed Ex for the fee prior to sending application)</p> | \$16 (per order only) | | |
| | Mandatory credit card authorization fee | \$ 6 | \$ | |
| | Total amount included | | \$ | |
| Please mark form of payment: | | <input type="checkbox"/> Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> Credit Card |
| <p>Mail the completed, signed and notarized application (if necessary) form, fee worksheet, copy of your valid driver's license or state issued ID, and check or money order to:</p> <p style="text-align: center;">Minnesota Department of Health Central Cashiering - Vital Records PO Box 64499 St. Paul MN 55164-0499</p> <p>Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statute, section 604.113, subdivision 2 and civil penalties may be imposed for non-payment.</p> <p>OR</p> <p>Fax the completed, signed and notarized application, birth certificate fee worksheet including your credit card number (Mastercard, VISA, American Express and Discover Card) and expiration date to 651-291-0101.</p> | | | | |
| Credit Card Users: Please print clearly | | | | |
| Credit card number: | | | | |
| Expiration date: | | | | |

If you have questions, please e-mail health.osr1@state.mn.us or call 651-201-5970.