

An adopted person may request information from the birth record created when he or she was born. The adopted person must be 19 years old or older to make such a request. The decision to disclose the original birth record information rests with the birth parent(s). Each birth parent identified on the original birth record may fill out one of these forms to communicate her or his wishes. Fill out the form at any time. Mail it to the address below. The Office of Vital Records keeps the completed forms on file.

Biological parent information - to locate the original birth record

Biological parent	Your first name	Last name before 1 st marriage	Your last name	Your birth date (MM/DD/YYYY)		
	Your street address			City	State	Zip
	Name of other biological parent					

Adopted person's birth record information before adoption

Adopted person	Adopted person's name before adoption	Adopted name (if known)
	Adopted person's date of birth (MM/DD/YYYY)	Adopted person's county of birth

Relationship to child

- I am the biological mother named on the adopted person's original birth record.
 I am the biological father named on the adopted person's original birth record.

Permission to disclose information recorded on the original birth record

Minnesota Statutes, Section 259.89, subdivision 2, item (4)

When the child has reached the age of 19

- I **agree** to release information contained on the original birth record.
 I **do not agree** to disclose information contained on the original birth record.

Permission to release address to adopted person

- I **agree** to release my address to the adopted person at 19 years of age or older.
 I **do not want** my address released to the adopted person at 19 years of age or older.

Signature and notary information

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

Signature of biological parent		Notary stamp/seal
Sworn/affirmed to before me on _____ day of _____, 20____		
Notary public printed name		
Notary public signature	My commission expires	

Mail this form:

Minnesota Department of Health
 Central Cashiering – Vital Records
 PO Box 64499
 St. Paul, MN 55164-0499
www.health.state.mn.us

Questions?

Contact the Office of Vital Records at 651-201-5970 or health.vitalrecords@state.mn.us