



OFFICE OF THE STATE REGISTRAR
REQUEST TO ADD A HISTORICAL BIRTH RECORD TO MR&C

Fax request to:
651-201-5740

OR

Email request to:
health.birthreg@state.mn.us

Birth Record Information

Table with 3 columns: 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.

Paper Birth Record Information

Note: You are not required to send a copy of the record with your request. We will use the county record if we cannot locate a record filed with the state, or if the state record is illegible.

- our county paper birth record is included with this request
the birth occurred in this county but we are unable to provide a copy
the birth occurred in another county

Requester Information

Please check how you would like to be notified that the request is processed or cannot be processed, and provide necessary contact information below:

- phone
email
fax

Table with 3 columns: NAME (PLEASE PRINT), COUNTY, DATE; PHONE NUMBER, FAX NUMBER, EMAIL.

For State Registrar Use Only

PROCESSER'S NAME, DATE
Please check one:
birth record entered
birth record could not be found