



# OFFICE OF THE STATE REGISTRAR HISTORICAL DATA ENTRY ERROR CORRECTION REQUEST

This form should be used only for birth records filed as paper records prior to 2001.

Fax request to:  
651-201-5740

OR

Email request to:  
[health.birthreg@state.mn.us](mailto:health.birthreg@state.mn.us)

### Birth Record Information

STATE FILE NUMBER	REGISTRANTS' NAME
DATE OF BIRTH	COUNTY OF BIRTH

### Information to be Corrected

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
OTHER:		

### 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

NAME	COUNTY	DATE
PHONE NUMBER	FAX NUMBER	EMAIL

### For State Registrar Use Only

PROCESSER'S NAME	DATE
Please check one: <input type="checkbox"/> birth record corrected <input type="checkbox"/> birth record could not be corrected	