

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Information to locate the birth record											
Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name	Name suffix					
	Date of birth (MM/DD/YYYY)	<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth						
Parents	Parent one first name		Parent one middle name	Parent one last name	Last name before 1st marriage	Name suffix					
	Parent two first name		Parent two middle name	Parent two last name	Last name before 1st marriage	Name suffix					
Requester information – information about you											
Requester	Requester name										
	Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses)			Apt/Unit #	Daytime phone (xxx-xxx-xxxx)						
	City		State	ZIP	Email						
Mandatory - Read the four choices below. Select one of the boxes.											
1. <input type="checkbox"/> I want an image of the paper record for a birth in 2000 or before. <i>If the record is “confidential”, see number three below. Only individuals listed in number three below may obtain confidential birth records.</i>											
2. <input type="checkbox"/> I want a copy of a “public” birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is <i>not</i> included. Your signature does NOT need to be notarized. Go to page two of this form.											
3. I want a copy of a “confidential” birth record. A birth record is “confidential” when a child is born to unmarried parents and the mother does not opt to make the record “public” at the time of birth. Confidential birth records are available only to those in the following list. Mark one of the boxes below. <i>You must sign this application in front of a notary.</i> Go to Signature and Notary Information below. <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> I am the subject of the record age 16 or older</td> <td><input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required)</td> </tr> <tr> <td><input type="checkbox"/> I am a parent named on the record</td> <td><input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court</td> </tr> <tr> <td><input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)</td> <td></td> </tr> </table>						<input type="checkbox"/> I am the subject of the record age 16 or older	<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required)	<input type="checkbox"/> I am a parent named on the record	<input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court	<input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)	
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4. <input type="checkbox"/> I want a copy of the entire birth record including health information (available only for births 2001 to present). Mark a box to the right <input type="checkbox"/> I am the mother named on the birth record <input type="checkbox"/> I am a representative of local public health <i>You must sign this application in front of a notary.</i> Go to Signature and Notary Information below.											
Signature and Notary Information											
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>											
<i>If I am not eligible to receive the certificate I requested, the Minnesota Department of Health (MDH) will contact me. I give MDH permission to apply my payment to a follow up application.</i>											
Requester signature					Notary stamp/seal						
Signed or attested before me on: _____ day of _____, 20_____											
Notary public signature			My commission expires:								

PENALTIES: Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

Noncertified Birth Record Application

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Requester name:			
Document requested	Request	Fee	Subtotals
One noncertified birth record	1	\$13	\$13
How many extra copies do you want?	# extra copies	Fee	
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
How do you want your request processed?		Fee	Choose processing
Standard – request processed in the order received		\$0	
Faster – your request goes ahead of standard requests <i>(Does not include UPS delivery)</i>		\$20	
How do you want your document(s) delivered?		Fee	Choose delivery
Regular First Class Mail®		\$0	
United Parcel Service (UPS)		\$16	
For UPS delivery, check here <input type="checkbox"/> to require a signature. The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.			
NOTICE: Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>		Total amount due: Amount must be at least \$13	
How do you want to pay?		Write in total if filling out by hand	
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> Check Check # _____		Make check or money order payable to the Minnesota Department of Health and send by mail with the application. Do not send cash. <i>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.</i>	
<input type="checkbox"/> Money order Money order # _____			
If you have questions , contact the Office of Vital Records at health.vitalrecords@state.mn.us or call 651-201-5970. Send application and payment to the Office of Vital Records OR a County Vital Records Office:			
Office of Vital Records		County Vital Records Offices Contact Information http://www.health.state.mn.us/divs/chs/osr/registrar.html	
Mail application and check or money order (do not send cash) to: Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499 FAX application and credit card information to: 651-201-5740		<i>If you submit this application to a county vital records office, rush delivery may not be an option. Not all forms of payment may be accepted. Call the county vital records office before submitting your application to confirm payment and delivery options.</i>	