DEPARTMENT OF HEALTH

Hospital Statement to Amend, Correct, or Delete a Birth Record

HOSPITALS ONLY: Use this form to correct mistakes that occurred at the hospital. **A hospital employee must complete this *entire statement*.**

Information to locate the birth record

Child's first name	Child's middle name	Child's last name	Child's date of birth	State file number (SFN)

Mother's first name	Mother's middle name	Mother's last name

HOSPITAL birth registrar, supervisor, or manager contact information

Hospital name	Birth registrar, supervisor, or manager name	Requester's title

Hospital address – street			Birth registrar, supervisor, or manager hospital phone (10-digit)
Hospital city	State	ZIP Code	Birth registrar, supervisor, or manager hospital email

Select an option below

☐ Correct – within one year of child's birth *and* before certificate issued, *or* change to health information at any time – no fee

☐ Amend – for hospital error – after certificate issued *or* after child's first birthday - **$40 fee required**

☐ Delete duplicate birth record (go to *Signature of hospital birth registrar, supervisor, or manager* section)

Identify what you want to change on the birth record

Name of field to be changed	What is in the field *now*?	What *should* be in the field?

Signature of hospital birth registrar, supervisor, or manager

My signature means that the information on this form is accurate according to hospital records.

Signature of hospital birth registrar, supervisor, or manager	Date signed

This section is for amendments only - Payment information

Who is paying for the amendment? **Hospital** ☐ **Parents** ☐

$40 amendment fee is due with this form - no refunds. *Minnesota Statutes, section 144.226*	☐ Credit card (MasterCard VISA Discover)	Cardholder name	Valid thru MMYY
		Card number	3-digit security code
	☐ Check	Make check payable to Minnesota Department of Health; send by USPS mail with form. Check #	

Send form to the Office of Vital Records

For an amendment with credit card information, or, for correction or deletion, fax to: 866-416-1357	For an amendment with check payment, send by USPS mail to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul, MN 55164-0499

PENALTIES: Any person who willingly and knowingly supplies false information used in the preparation of a vital record, or an amendment is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes, section 144.227).

If you have questions or need this information in a different format, contact the Office of Vital Records: 651-201-5970 or health.vitalrecords@state.mn.us.