DEPARTMENT OF HEALTH

Request to Amend Marital Status on a Minnesota Birth Record

Birth parents may *amend* the marital status on the birth record of their child. To amend the marital status, the birth parents must complete this request form and sign it in front of a notary public.

Information to find the birth record													
	Subject's first name			Subject's middle name				:	Subject's last name			Name suffix	
jec													
Subject	Subject's date of	Subject's city of birth			S			Subject's county c		of birth	State of birth		
		ale									MN		
	arent1 first name Paren			nt1 middle name			Parent1 last name			Last n	ame before 1st marriage	Name suffix	
Parents													
Par	Parent2 first name		Parent2 middle name		Parent2 last name		name	!	Last n	ame before 1 st marriage	Name suffix		
					<u> </u>								
t	We are the the record f	We are the parents named on the birth record of the subject named above. Please change the marital status on											
Parent	the record from: (check one) 🗆 "Not married" to "Married" 👘 🗍 "Married" to "Not m										arried" to "Not mai	rried"	
4	Unmarried p	Unmarried parents must send a completed Recognition of Parentage form to add the father to the birth record.											
Both parents MUST sign this request in front of a notary public.													
PENALTIES: Any person who willfully and knowingly supplies false information used in the preparation of this													
amendment is guilty of a misdemeanor or a gross misdemeanor (Minnesota Statutes, section 144.227). Mother/Parent 1 printed name Date of birth (MM/DD/YYYY)													
ent 1	wouler/Paren						Date of birth (wiwi)						
Mother/Parent 1	Street address					St	tate	ZIP Code [*]	™ Em	ail address			
ther,	North an (Descent 4 sizes)												
Š	Mother/Parent 1 signature									Phone number (10-di	git)		
NOTARY											Notary stamp/seal		
	Signed or atte	Signed or attested before me on day of, 20									-		
	Notary public	Notary public printed name											
ž	Notary public signature						My commission expires				-		
												- (
nt 2	Father/Parent 2 printed name									Date of birth (MM/D	D/YYYY)		
Father/Parent 2	Street address			City			State ZIP Co		ZIP Code [™]	e™ Email address			
Fath	Father/Parent 2 signature										Phone number (10-di	git)	
NOTARY											Notary stamp/seal		
	Signed or attested before me on day of						, 20				-		
	Notary public	Notary public printed name											
ž	Notary public signature						My commission expires				-		
NOTE: The Office of Vital Records returns requests that are incomplete or not signed in front of a notary public. Minnesota Department of Health Unmarried parents, you must send a Recognition of Parentage													
	d completed	completed Office of Vital Records					Unmarried parents, you must send a Recognition of Parentage (ROP) form to add the father to the birth record. Make sure you both sign the ROP in front of a notary public.						
forn	n to:												