

Complete this form if you are an adopted person and want information from the birth record created when you were born. You must be at least 19 years old and have been born in Minnesota to obtain this information.

Your birth parents may each have signed an *Affidavit of Disclosure or Non-Disclosure* form. The forms, kept on file in our office, tell us whether to release information from your original birth record to you. You will receive a noncertified copy of your original birth record if we can release the information. If we cannot release the information, we will inform you.

If our office has no forms on file, we will forward your request to the Minnesota Department of Human Services (DHS). DHS will send your request to the proper adoption agency. That agency will contact you about their services and fees.

Birth certificate information AFTER adoption

Adopted person	First name after adoption		Middle name after adoption		Last name after adoption		Name suffix
	Date of birth (MM/DD/YYYY)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth		Minnesota county of birth	
Adoptive parent	First name	Middle name		Last name before 1 st marriage	Last name	Suffix	
	First name	Middle name		Last name before 1 st marriage	Last name	Suffix	

ORIGINAL birth record information IF KNOWN

You at birth	First name		Middle name		Last name		Suffix
Birth parent	First name	Middle name		Last name before 1 st marriage	Last name	Suffix	
	First name	Middle name		Last name before 1 st marriage	Last name	Suffix	

Adoption information IF KNOWN

Adoption type	<input type="checkbox"/> Customary / Tribal <input type="checkbox"/> International <input type="checkbox"/> State guardianship <input type="checkbox"/> Private domestic <input type="checkbox"/> Stepparent		County or adoption agency name			
	Date adoption finalized (MM/DD/YYYY)			Court where adoption occurred		

REQUIRED - Requester information and signature in front of notary public

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester	Please print your name		Your signature in front of a notary public			Phone (10-digit)	
	Street address		City	State	ZIP Code	Email	
Notary	Signed or attested before me on: _____ day of _____, 20 _____					Notary stamp/seal	
	Printed name of notary						
	Notary public signature			My commission expires			

**Adopted Person's Request for
Original Birth Record Information**

Requester's name	
Document requested	
Noncertified copy of original birth record - \$13 We will send your document by Regular First Class Mail®	
Subtotal	
\$13	
Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226</i>	
Total due	
\$13	
How do you want to pay?	
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name
	Card number
	Valid thru MM/YY
	3-digit security code
<input type="checkbox"/> Check	Check #
<input type="checkbox"/> Money order	Money order #
Make your check or money order payable to Minnesota Department of Health and send it by mail with your application. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>	
Send your application and payment to the Office of Vital Records	
FAX application and credit card information to: FAX – 866-416-1357 Mail application and check or money order to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499	The Office of Vital Records returns applications that are <ul style="list-style-type: none"> ▪ Incomplete ▪ Not signed in front of a notary public ▪ Not paid in full at the time of application
If you have questions , contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.	

To obtain this information in a different format call: 651-201-5970.