

# Birth Record Amendment Packet

## INSTRUCTIONS, SUPPORTING DOCUMENTS & APPLICATION

### INSTRUCTIONS

Use the Birth Record Amendment Application form to add or change information on a Minnesota birth certificate. To **add** missing information to a birth record you need to send in at least one supporting document. To **change** information on a birth record you must send in at least two supporting documents. You may need to send additional documentation depending on what items you wish to amend. See *What you need to know about supporting documents* on pages 4, 5 and 6 of this document.

"Amendment" means completion or correction made to demographic and legal items on a birth record after purchase of a birth certificate, or more than one year after the birth, whichever occurs first.

## What does the birth certificate show now?

Fill in this section with the information as shown on the birth certificate **now**. This information helps the Office of Vital Records locate the correct birth record.

## You may request amendments to the following items:

### Child's/Subject's

- First, middle, last name and name suffix
- Date of birth
- Time of birth
- Plurality (single birth, twin birth, triplet, etc.)
- Sex
- Place of birth

### Parent's

- Names (first, middle, last, name suffix – not entire name, unless ordered by court)
- Names at birth (name before first marriage)
- Date of birth
- Place of birth

## What item(s) do you want to amend? How do you want the information to show on the new certificate?

List each item you want to amend on a separate line in the left column. In the right column, print how you want the item to show on the new certificate. Your application should look similar to the example below. If the number of items you want to amend is more than five, see the last page of this document.

Parents	First name <b>ROSE ANN</b>	Middle name <b>MARIE</b>	Last name <b>JONES</b>	Last name before 1 <sup>st</sup> marriage <b>JOHNSON</b>
	First name <b>OSCAR</b>	Middle name <b>BENJAMIN</b>	Last name <b>JONES</b>	Last name before 1 <sup>st</sup> marriage <b>JONES</b>
<b>What item(s) do you want to amend?</b> List each item separately - see the instruction sheet		<b>How do you want the information to show on the new certificate?</b> See the instruction sheet		
Item to amend	<b>Mother's first name</b>		Show on certificate as	<b>ROSEANNE</b>
Item to amend	<b>Mother's last name before first marriage</b>		Show on certificate as	<b>JOHNSEN</b>

## Requester Information - Information about you - What is your...

...relationship to the subject of the birth record? Only certain individuals may request amendments to birth records. This is for the protection of the subject of the birth record. Indicate your relationship to the subject of the record.

If you are the subject of the record, you must be 18 or older to request an amendment. If you have a court order and are 18 or older, *you* must be the requester, not your parent.

If you are a parent, your name must be on the subject's current birth record.

If you are a legal guardian or legal representative of the subject, you must include a certified copy of a U.S. court order with the application. The court order must name you as the legal guardian or list you as the legal representative.

Complete the rest of the Requester Information section so that the Office of Vital Records can contact you if we have questions and so that we can send your documents back to you.

## REQUIRED – Sign this application in front of a Notary Public

**Do not sign the application until you are in front of a notary public.** You must present government-issued photo identification to the notary. The notary will check your identification, and watch you sign and date the application. Then, the notary will mark the application with a stamp (or a "seal") and sign the application. The notarized application shows the Office of Vital Records that you really signed it.

See [Notary information](https://www.health.state.mn.us/people/vitalrecords/notary.html) (<https://www.health.state.mn.us/people/vitalrecords/notary.html>) on the Minnesota Department of Health website if you want more information.

## Birth record amendment fee

You must pay a fee to amend a Minnesota birth record when you apply. The fee for administrative review and processing of a request for the amendment of any vital record is \$40. Fees are non-refundable. *Minnesota Statutes, section 144.226*. The \$40 fee is only for the amendment. The fee does not include a new birth certificate.

## Do you want a new birth certificate after the amendment?

One birth certificate costs \$26. Enter \$26 in the box showing "Enter \$26 for 1 certificate."

If you want more than one certificate, additional certificates cost \$19 each *if you order them now on this application*. Enter the number of additional copies in the box showing "Enter # copies."

## Do you want standard or faster processing?

**Standard processing** means that we process amendment requests in the order that we receive them. If you want standard processing, enter \$0 on the application under 'Choose processing fee'.

If you want **faster processing** of the amendment, enter \$20 on the application under 'Choose processing fee'. The \$20 fee moves your request ahead of standard requests. *Faster processing does not include UPS delivery.*

Visit [Birth Record Amendments](https://www.health.state.mn.us/people/vitalrecords/amend.html) (<https://www.health.state.mn.us/people/vitalrecords/amend.html>) or call 651-201-5970 to check on processing times.

## How do you want us to send your documents back to you?

After we complete your request, we will send you your supporting documents and any new certificates you order back by Regular First Class Mail®.

If you want UPS delivery to an address in the United States, enter \$16 on the application under 'Choose delivery fee'. Check the box to require a signature for UPS delivery. ***The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature.***

If you want us to send your documents to an address outside of the United States, you must include a UPS prepaid envelope when you submit your application, supporting documents and fees.

## How do you want to pay?

In this section, mark the box that shows how you will pay for the services you chose. You may pay by credit card, check or money order. Fees are payable with your application and are non-refundable. The Office of Vital Records will not process amendments or issue new certificates without the fees.

If you want to pay by credit card, fill in the cardholder name, card number, expiration date (Valid thru) and 3-digit security number.

If you want to pay by check or money order, make the check or money order payable to the Minnesota Department of Health. Write your check number or your money order number in the space provided.

Do not send cash.

## Send your application, supporting documentation and payment to the Office of Vital Records

You must send your application, payment and supporting documentation to the address on the Birth Record Amendment Application. The Office of Vital Records does not have walk-in service.

### Mailing Address

Minnesota Department of Health  
 Central Cashiering – Vital Records  
 PO Box 64499  
 St. Paul MN 55164-0499

### Courier/FedEx/UPS

Minnesota Department of Health  
 Office of Vital Records  
 85 E 7th Place Suite 220  
 St. Paul, MN 55101

If you have questions about this information, call 651-201-5970 or email [health.vitalrecords@state.mn.us](mailto:health.vitalrecords@state.mn.us).

Si necesita ayuda en español, por favor llame 651-201-5970.

Yog koj tsis muaj peev xwm to taub daim ntawv no thiab xav tau kev pab, thov hu rau 651-201-5970 thiab nug kom tau ib tus neeg txhais lus.

Haddii aysan kuu suurtoqaleynin in aad fahamtid warqadaan oo aad rabi laheyd caawin, fadlan soo wac 651-201-5970 oo weydii turjubaan

# What you need to know about supporting documents

When you request an amendment to a Minnesota birth record, you must provide documentation to support additions or changes to items that print on a birth certificate. To **add** missing information to a birth record you need to send in at least one supporting document. To **change** information on a birth record you must send in at least two supporting documents. You may need to provide more documents depending on what you want to amend. **We will return all of your original documents when we are finished processing your request.** *Minnesota Rules, part 4601.1100 lists the requirements for documents submitted.*

## Each document must:

1. Show the item you want to add or change *exactly as you want it to appear on the birth certificate*, **AND**
2. Show at least two items that match what is on the birth certificate already *that you are not asking to have changed*, **AND**

Documents must be	What does this mean?
Legible	Letters and words can be identified; document is sharp – not blurred or smeared
Unmodified	No erasures; nothing crossed out; no correction tape or fluid
Original	Actual passport or certificate of naturalization (not copies)
Certified	Birth, death or marriage certificates, military discharge forms, and court orders must be <b>issued by a government office</b> – certified documents usually have a stamp or seal on them
Authenticated	Copies of hospital records, clinic records, school records, social services records that are authenticated  Authenticated means an employee from the place giving you the record <i>declares in writing</i> that the document they are providing you is a true and accurate copy of the record on file. At minimum, the document must list the name and address of the organization and be signed and dated by an employee of the organization.
In English	Supporting documentation must be in English or translated into English. A qualified translator must translate documents in other languages (birth certificates, marriage certificates, and other records) into English; the translator must sign the translation in front of a notary public.
Depending on subject's age, created within a certain number of years from birth <b>OR</b> a certain number of years before the request	If the <b>subject is less than 7 years old</b> , the document must be from the subject's first year of life <b>OR</b> from at least one year before the date of the amendment request.  If the <b>subject is seven or more years old</b> , the document must be from before the subject's third birthday <b>OR</b> at least seven years before the date on the amendment request.

## Acceptable supporting documents

Acceptable supporting documents must show the certification item as you want it to print after the amendment AND at least two items that we can match on the current record before it is changed. We will accept the documents listed below if they meet all of the requirements above **and** the information supports the requested amendment:

- Authenticated U.S. school record or official school transcript
- Authenticated hospital, clinic or social services record
- Valid (unexpired) passport – **NOT** a notarized photocopy
- Original or certified copy of U.S. military discharge papers (such as a DD214 form)
- Certified (government issued) copy of a marriage certificate
- Certified copy of a U.S. court order
- Certified copy of a birth certificate of a child
- Certified copy of a birth certificate of a parent or sibling (these can only be used to amend parent information)
- U.S. baptism certificate or other church record with a phone number to the church so the record may be verified
- Original or certified copy of a Certificate of Naturalization AND certified Petition for Name Change
- Official tribal enrollment record
- Social security number history (Numident) printout from the Social Security Administration Office
- Other documents the Office of Vital Records determines are acceptable

## Documents NOT Accepted

- |                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>▪ hospital souvenir birth certificate</li> <li>▪ driver's license</li> <li>▪ state, employee, or other ID card or permit</li> <li>▪ social security card or statement</li> <li>▪ application of any kind</li> <li>▪ insurance card or policy</li> </ul> | <ul style="list-style-type: none"> <li>▪ paycheck stub</li> <li>▪ tax return</li> <li>▪ statement or bill</li> <li>▪ newspaper article</li> <li>▪ other documents that do not meet all of the requirements listed above</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Gender

There are unique requirements for changing gender.

To change the sex listed on the subject's birth record, the requester must submit *either* of the following:

- Medical certification of appropriate clinical treatment for gender transition in the form of an original letter from a licensed physician. The letter must identify the subject using the name and date of birth on the current birth record.

**OR**

- Certified copy of a court order that specifically directs amendment of the subject's sex on the birth record.

## Court Orders

Court orders must:

- Be certified
- Be from a U.S. Court
- Show the subject's name and date of birth as they currently appear on the birth record
- Clearly identify which items are to be amended on the birth record
- Specifically direct the birth record to be amended in the "it is ordered" section if the parent's names are to be changed on the subject's birth record

For information on getting a Minnesota court order, see the [Minnesota Judicial Branch](#) website.

## Court-ordered name change

### For the subject of the record

A subject, who has a court order directing a name change on his or her own birth record, must complete the Birth Record Amendment Application if the subject is 18 years of age or older. The certified copy of the court order must accompany the amendment application.

If the subject is a minor, a parent must complete the Birth Record Amendment Application for a court-ordered name change and supply a certified copy of the court order.

If the subject is incapacitated, a parent, guardian, or legal representative must complete the Birth Record Amendment Application for a court-ordered name change and supply a certified copy of the court order.

### For the parent(s)

A court order to change the names of the parents on a subject's birth record must:

- spell out the parent name(s) *before and after* the name change
- specify that the parents' names be changed on the child's birth record, and
- if the parents' names are to be changed on more than one child's birth record, each child's name must be listed

Use this form to add or change information on a Minnesota birth record. With your application, you must send documents that support the changes you are requesting.

*It is against the law to provide false information to amend a vital record. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

**What does the birth record show now?**

<b>Child/Subject</b>	Child/Subject first name		Child/Subject middle name		Child/Subject last name		Name suffix (Jr, Sr, II, III, etc.)	
	Date of birth (MM/DD/YYYY)		<input type="checkbox"/> Female <input type="checkbox"/> Male		Minnesota city of birth		Minnesota county of birth	
<b>Parents</b>	First name		Middle name		Last name		Name before 1 <sup>st</sup> marriage	
	First name		Middle name		Last name		Last name before 1 <sup>st</sup> marriage	

<b>What item(s) do you want to amend?</b> List each item separately - see the instruction sheet	<b>How do you want the information to show on the new certificate?</b> See the instruction sheet
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Item to amend	Show on new certificate as
Item to amend	Show on new certificate as
Item to amend	Show on new certificate as
Item to amend	Show on new certificate as
Item to amend	Show on new certificate as

**If you want to amend more items, see the last page of this form.**

**Requester Information – Information about you – What is your relationship to the subject of the birth record?**

- I am the subject of the record – **you must be 18 or older** (if you have a court order, you must be the requester – not your parent)
- I am a parent listed on the record
- I am a legal guardian or legal representative of the subject (**provide a certified copy of a U. S. court order to show this relationship**)

Your name (print)				Your date of birth (MM/DD/YYYY)	
Mailing Address – Street (United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)					Apt/Unit #
City	State	ZIP	Daytime Phone (XXX-XXX-XXXX)	Email	

**REQUIRED – Sign this application in front of a Notary Public**

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

Your (requester's) signature			Notary Stamp/Seal		
Sworn to/affirmed before me on _____ day of _____, 20_____					
Printed name of notary public					
Notary public signature		My commission expires			

<b>Requester Name:</b>		
<b>Birth record amendment fee</b>		<b>Amendment fee</b>
The fee for administrative review and processing of a request for the amendment of any vital record is <b>\$40.</b>		<b>\$40</b>
<b>Do you want a new birth certificate after the amendment?</b>		<b>New birth certificate(s)</b>
One birth certificate is <b>\$26</b>		Enter \$26 for 1 new certificate or \$0
I want extra copies at <b>\$19 each</b>		Enter # copies
<b>Do you want standard or faster processing?</b>		<b>Choose processing fee</b>
Standard - request processed in the order received - <b>\$0</b>		Enter \$0 or \$20
Faster - your request goes ahead of standard requests - <b>\$20</b> <i>NOTE: Does not include UPS delivery (see below)</i>		
<b>How do you want us to send your documents back to you?</b>		<b>Choose delivery fee</b>
Regular First Class Mail® - <b>\$0</b>		Enter \$0 or \$16
<b>United Parcel Service (UPS) - \$16</b>		
<ul style="list-style-type: none"> <li>For UPS delivery in the United States, check here <input type="checkbox"/> to require a signature. <b>The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature.</b> UPS will not deliver to PO boxes or APO addresses.</li> <li>For delivery outside of the United States, you must provide a <b>prepaid</b> UPS envelope.</li> </ul>		
<b>Fees are payable at the time of application and are non-refundable.</b> <i>Minnesota Statutes, section 144.226</i>		<b>Total due:</b>
		Enter total if completing by hand <b>At least \$40</b>
<b>How do you want to pay?</b> The amount you pay must cover the certificates and services you requested.		
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code
<input type="checkbox"/> <b>Check</b> Check # _____		<b>Make your check or money order payable to Minnesota Department of Health. DO NOT SEND CASH.</b>  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>
<input type="checkbox"/> <b>Money order</b> Money order # _____		
If you have <b>questions</b> , contact the Office of Vital Records at <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.		
<b>Send your application, supporting documentation and payment to the Office of Vital Records:</b>		
<b>Mailing address</b>	<b>UPS/Courier</b>	The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public or not paid in full at the time of application.
Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499	Minnesota Department of Health Office of Vital Records 85 E 7th Place, Suite 220 St. Paul, MN 55101	



