

Application for a Birth Certificate after Adoption

Fill in this form to buy a Minnesota birth certificate that shows the adopted person's new information.

Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600 require the information requested on this application.

Birth record information AFTER ADOPTION							
Adopted person (child)	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	City of birth		County of birth		MN
Adoptive Parents	Parent 1 first name	Parent 1 middle name	Parent 1 last name		Parent 1 last name before 1 st marriage	Suffix	
	Parent 2 first name	Parent 2 middle name	Parent 2 last name		Parent 2 last name before 1 st marriage	Suffix	
Requester information							
Requester	Requester name					Date of birth (mm/dd/yyyy)	
	Mailing address - Street (UPS® will not deliver to PO boxes or APO addresses)			Apt/Unit #	Email address		
	City		State	ZIP Code™	Phone number (10-digit)		
Requester - You must check ONE box below				Requester - Provide documentation indicated			
1. <input type="checkbox"/> Parent of subject				No documentation required			
2. <input type="checkbox"/> Subject of the record (adopted person)				No documentation required			
3. <input type="checkbox"/> Governmental agency – local, state, tribal or federal				Photocopy of employee ID			
4. <input type="checkbox"/> Attorney representing the subject of the record or another person listed in Minnesota Statutes, section 144.225, paragraph(a), clause (1).				MN Attorney License Number: _____ NON-MN Attorney - Attach photocopy of license			
Signature and Notary (Sign this form in front of a notary if you mail or fax your application)							
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>							
Requester's signature					Notary stamp/seal		
Signed or attested before me on _____ day of _____, 20____							
Printed name of notary							
Notary public signature				My commission expires			
It is against the law to provide false information to obtain a certified vital record. You may be subject to fines, jail time or both. <i>Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.</i>							

Requester name			
Replacement birth record		Fee	Replacement
Register replacement birth record		\$40	\$40
How many certified birth certificates do you want?		Fee	Certificates
One certified birth certificate		\$26	
Additional birth certificates purchased at the same time cost \$19 each.	# of extra copies	X \$19 each	
How do you want us to process your request?		Fee	Processing
Standard – your request is processed in the order it was received		\$0	
Faster – your request goes ahead of Standard requests (The \$20 does not include UPS® delivery)		\$20	
How do you want us to deliver your order?		Fee	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. If you want UPS® delivery to an address outside of the United States, you must include a UPS® prepaid envelope when you submit your application and fees.			
The amount you pay must cover the certificates and services you requested			Amount due
Amount due = Replacement + Certificates + Processing + Delivery			
How do you want to pay?			
<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 number	Make your check or money order payable to the Minnesota Department of Health. Send it by mail with your application. DO NOT SEND CASH. 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"/> Money order	Money order number		
Send your application and check, money order, or credit card information			
By mail (Do not send cash) Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499 By fax 866-416-1357 Application with credit card information only		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 	
<i>If you have questions, please contact health.vitalrecords@state.mn.us or call 651-201-5970.</i>			

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