

When a child is born, the child's birth is registered. The registration results in a birth record. When an adoption occurs, a new birth record with information from the adoption replaces the "original" birth record. The original birth record of an adopted person is confidential and available only to the individuals listed below.

Fill out this form to request a noncertified copy of a Minnesota birth record before an adoption.

NOTE: Noncertified copies of birth records are for information only and not accepted for any legal purpose.

Birth record information BEFORE adoption

Subject	First name	Middle name	Last name	Name suffix	
	Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth	County of birth	
Birth parent(s)	First name	Middle name	Last name before 1 st marriage	Last name	Name suffix
	First name	Middle name	Last name before 1 st marriage	Last name	Name suffix

Mandatory - Requester information – Information about you

I am a parent of the subject and my name appears on the original birth record.

I have a court order, not a subpoena that allows release of the record to me. I am sending the valid, certified copy of the U.S. court order with this request form.

I am an authorized representative of a federally recognized American Indian tribe. I need the record for the sole purpose of determining the adopted person's eligibility for tribal enrollment or membership.
Minnesota Statutes, section 144.2252, paragraph (b).

Your name (please print)	Your email address		
Mailing Address – Street (United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)	Apt/Unit #		
City	State	ZIP Code	Daytime Phone (10-digit)

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.

Requester's signature	Notary stamp/seal
Signed or attested before me on: _____ day of _____, 20_____	
Printed name of notary public	
Notary public signature	



Request for the Original Birth Record of an Adopted Person

Requester's name

Fees	Subtotal
One noncertified copy of the original birth record - \$13	\$13
How many additional noncertified copies do you want?	Subtotal
Additional copies bought at the same time as one purchased for \$13, are \$6 each. <small>Enter # extra copies</small> X \$6	
How do you want your request processed?	Choose processing
Standard - request processed in the order received - \$0	<small>Enter \$0 or \$20</small>
Faster - your request goes ahead of standard requests (<i>Does not include UPS delivery</i>) - \$20	
How do you want your document(s) delivered?	Choose delivery
Regular First Class Mail® - \$0	<small>Enter \$0 or \$16</small>
United Parcel Service (UPS) - \$16	

For UPS delivery, check here 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.

	Amount due = Copies + processing + delivery
Fees are payable at the time of application and are non-refundable <i>Minnesota Statutes, section 144.226</i>	<small>Write in total if filling out by hand</small>
	At least \$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 #	Make check or money order payable to the Minnesota Department of Health and send by mail with application. DO NOT SEND CASH. <small>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></small>	
<input type="checkbox"/> Money order Money order #		

Do you have questions? Contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.

<p>Send application and payment to the Office of Vital Records.</p> <p>Mail application and check or money order to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499</p> <p>FAX application and credit card information to 866-416-1357</p>	<p>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.</p>
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