

Fill in this application to request a certified copy of a parentage, paternity, or revocation form filed with the Office of Vital Records. You must be eligible under the law to get a certified copy of any of these forms.

It is against the law to give false information to obtain a certified vital record. You may be subject to fines, jail time or both.

| Information on child's birth record | | | | |
|--|--|---|---|---|
| Child's first name | | Child's middle name | | Child's last name |
| Child's date of birth <small>(MM/DD/YYYY)</small> | Child's place of birth (Minnesota city and county) | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Certificate State File Number (if known) |
| Mother/Parent 1 first name | | Mother/Parent 1 middle name | | Mother/Parent 1 maiden name |
| Father/Parent 2 first name | | Father/Parent 2 middle name | | Father/Parent 2 last name |
| Spouse's first name | | Spouse's middle name | | Spouse's last name |
| I want a certified copy of: | | | | |
| You may buy a certified copy if your name is on the form, you signed the form, or as authorized by law: | | | | |
| <input type="checkbox"/> Recognition of Parentage or Declaration of Parentage (ROP or DOP) <input type="checkbox"/> Spouse's Non-parentage Statement or Husband's Non-paternity Statement (SNPS or HNPS) <input type="checkbox"/> Revocation of a Recognition of Parentage or revocation of a Spouse's Non-parentage Statement | | | | |
| Information about you – the person requesting the certified copy | | | | |
| Your name | | Email address | | Daytime phone (10-digit) |
| Mailing address - street | | | Apt/unit # | |
| City | | | State | ZIP Code™ |
| What is your relationship on the paternity form? You must check one below. | | | | |
| I signed the Recognition of Parentage, Declaration of Parentage, Spouse's Non-parentage Statement or Revocation form, or my name appears on the form. I am the: | | | | |
| <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> spouse <input type="checkbox"/> child | | | | |
| <input type="checkbox"/> I am a representative of a Minnesota state, local, or tribal government office and have access to data about births for child support enforcement and other purposes allowed under Minnesota Statutes, section 144.225, subdivision 2. | | | | |
| 1. Insert the name of your government office below. | | 2. Sign your name below. <i>Notary not needed.</i> | 3. Include a copy of your employee ID with this request. | |
| <i>If you are a child support representative for an office outside of Minnesota, contact the Minnesota Department of Human Services at 651-431-4400 for help getting the copy you want. Or, have a parent who signed the parentage/paternity form make the request.</i> | | | | |
| Sign this form in front of a Notary Public | | | | |
| I certify that the information provided on this application is correct and complete to the best of my knowledge. | | | | |
| Requester's printed name | | | Notary stamp / seal | |
| Requester's signature | | | | |
| Signed or attested before me on: _____ day of _____, 20____ | | | | |
| Notary public printed name | | | | |
| Notary public signature | | My commission expires | | |

| | | | |
|--|------------------------|--|------------------------|
| Name of the person requesting the certified copy (copies over from page one) | | | |
| How many certified copies do you want? | | Fee | Copy cost |
| One certified copy of a filed Recognition of Parentage or other paternity form costs \$9 | | \$9 | \$9 |
| How many additional certified copies do you want? | # of additional copies | \$9 each | |
| How do you want your request processed? | | Fee | Processing cost |
| Standard – request processed in the order received | | \$0 | |
| Faster – your request goes ahead of standard requests (Does not include UPS® delivery) | | \$20 | |
| How do you want your order delivered to you? | | Fee | Delivery cost |
| Regular First-Class Mail® | | \$0 | |
| United Parcel Service (UPS®) | | \$16 | |
| <p>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.</p> | | | |
| <p align="center">Fees are due with the application and are non-refundable. <i>Minnesota Statutes, section 144.226</i></p> | | <p align="center">Amount due = Copy + Processing + Delivery costs</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> | | <p align="center">Amount must be at least \$9</p> | |
| How do you want to pay for your order? | | | |
| <input type="checkbox"/> Credit card MasterCard/Visa/Discover | Cardholder name | Valid thru | |
| | Card number | 3-digit security code | |
| <input type="checkbox"/> Check Check # _____ | | <p>Make check or money order payable to the Minnesota Department of Health and send by mail with the application. DO NOT SEND CASH.</p> <p>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.</p> | |
| <input type="checkbox"/> Money order Money order number _____ | | | |
| If you have questions about how to get a certified copy of a filed Recognition of Parentage or other paternity form, contact health.vitalrecords@state.mn.us or 651-201-5970. | | | |
| Send application and payment to the Office of Vital Records | | | |
| Mail application and check, money order or credit card information to: Minnesota Department of Health Office of Vital Records PO BOX 64499 St. Paul, MN 55164-0499 | | Fax application with credit card information to: 866-416-1357 Do not email your application. Do not send cash. | |