

Noncertified Birth Record Application

Fill out this form to request a noncertified birth record printed on plain paper. Noncertified records are for information only.

Information to locate the birth record

Child/Subject	Child/subject first name		Child/subject middle name	Child/subject last name	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	State of birth MN
Parents	Parent one first name	Parent one middle name	Parent one last name	Last name before 1st marriage	Name suffix
	Parent two first name	Parent two middle name	Parent two last name	Last name before 1st marriage	Name suffix

Requester information – information about you

Requester	Requester name				
	Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses)			Apt/Unit #	Daytime phone (10-digits)
	City	State	ZIP Code	Email	

Mandatory - Read the information below. Select one of the boxes. *Minnesota Statutes, section 144.225, subdivisions 2 and 7*

Records of children born to married parents are “public”; anyone can purchase a noncertified **public** birth record. Records of children born to single mothers are “confidential” unless the mother chose to make the record public at the time of birth. Noncertified confidential birth records are restricted to the persons listed in item three below.

- I want an image of the paper record for a birth in 2000 or before.
- I want a printout of a birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is *not* included.
- Birth records of children born to unmarried mothers are confidential unless the unmarried mother chose to make the record public at the time of birth. The persons listed below are eligible to purchase noncertified **confidential** birth records.
Mark one of the boxes below. You must sign this application in front of a notary.

<input type="checkbox"/> I am the subject of the record age 16 or older <input type="checkbox"/> I am a parent named on the record <input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required) <input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court	<input type="checkbox"/> I represent a Minnesota program that administers child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E</i> ; or a tribal child support program, <i>Minnesota Statutes, section 144.225</i> . (Employee ID is required)
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- I want a copy of the entire birth record including health information (available only for births 2001 to present).
Mark a box to the right I am the mother named on the birth record I am a representative of local public health
You must sign this application in front of a notary.

Requester’s signature and notary’s information

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

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

PENALTIES: Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

Requester name:			
Document requested	# copies	Fee	Subtotal
One noncertified birth record	1	\$13	\$13
How many extra copies do you want?	# extra copies	Fee	Cost for extra copies
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
How do you want your request processed?		Fee	Choose processing
Standard – your request processed in the order received		\$0	
Faster – your request goes ahead of standard requests (<i>Does not include UPS® delivery</i>)		\$20	
How do you want your document(s) delivered?		Fee	Choose 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.			
Total due			Total due
You must pay the full amount for the noncertified records and services that you requested. Fees are due at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>		Total due = \$13 + cost of additional copies (if any) + processing fee (if any) + delivery fee (if any)	
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 #	Make check or money order payable to the Minnesota Department of Health and send by mail with the application. DO NOT SEND CASH. <i>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.</i> <i>Minnesota Statutes, section 604.113, subdivision 2.</i>	
<input type="checkbox"/> Money order	Money order #		
Mail or fax your application and payment			
By mail (Do not send cash)	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 incomplete, not signed in front of a notary public, or not paid in full at the time of application.	
By FAX Application with credit card information only	866-416-1357	If we cannot locate the record with the information you provide, we will send you a "Statement of No Record Found".	
If you have questions, contact the Office of Vital Records: health.vitalrecords@state.mn.us or 651-201-5970.			

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