

Data Entry Error Correction Request

Birth Record Filed Before 2001

Use	this form to request a ' d a	ata e	ntry erro	or' co	rrection to	o a pre	2-2	.001 birth reco	rd h	and-er	ntered into MR&C.	
County vital records office personnel must complete this form.												
Email completed form to health.birthreg@state.mn.us for processing.												
Information to find the birth record												
	State File Number Subject's first nam			t name	e	Subje	Subject's middle name		Subject's last name			
Subject												
	Cubinetta deta ef				Carratur							
	Subject's date of birth (MM/DD/YYYY)			County of birth								
Subi	ect status											
Is the subject of the birth record alive? \square Yes \square No												
Enter the correct information below – Fill in ONLY the fields that require correction												
Subject	Subject's first name	S	ubject's r	niddle	name	Subject's last nan		ct's last name			Subject's	
										name suffix		
	Date of Birth	T	☐ Fer	male	City of Bir	rth			County of Birth		Birth	
	(MM/DD/YYYY)	Sex	☐ Ma									
Parents	Mother's first name Mother's mic			's mid	dle name		Mother's maiden					
						name -name before						
	Father's first name Father's midd			midd	tle name			first marriage Father's last name			Father's	
	Tatter 5 mile			, iiiiaa	ic name						last name	
	Coosify item not listed above along with the										suffix	
Other	Specify item not listed abo	Specify item not listed above along with the correct information.										
	nty Vital Records Office		•							1 _		
Name of county vital records staff person Nam					e of county	′		Req			quest date MM/DD/YYYY	
How shall we contact you? Fill out one of the fields below. If the Office of Vital Records (OVR) can correct the												
record, we will contact you after we have made the correction. We will also contact you if we cannot process the request.												
Rusiness nhone												
Busin	ess email				number (10-digit)							
Email completed form to health.birthreg@state.mn.us for processing.												
Processer's name OFFICE OF VITAL RECORDS USE ONLY Processing date (MM/DD/YYYY)												
Processer's name Processing date (MN									וו עט	11)		
Charl		☐ Birth record corrected										
cneci	c one: ☐ Birth	☐ Birth record NOT corrected										

If you have questions about this form, contact the Office of Vital Records at 651-201-5970.