

Request for Original Birth Record of an Adopted Person

Use this form to request a noncertified (for informational use only) copy of an original Minnesota birth record before adoption. After an adoption, a new birth record with information from the adoption replaces the original birth record. Only those listed in the “Requester Information” section below may obtain the original birth record of the adopted person.

If we cannot find the birth record you request, we will send you a certified Statement of No Birth Record Found. This request can only be fulfilled by the Office of Vital Records (Minnesota Department of Health); it’s not available through county vital records offices.

It’s illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.

Birth record information BEFORE adoption					
Subject	First name		Middle name	Last name	
	Date of birth (MM/DD/YYYY)		Sex	City of birth	County of birth
Birth parents	Parent one first name	Parent one middle name		Last name before 1 st marriage	Parent one last name
	Parent two first name	Parent two middle name		Last name before 1 st marriage	Parent two last name
REQUIRED – Requester information					
<input type="checkbox"/> I am a parent of the subject, and my name appears on the original birth record.					
<input type="checkbox"/> I have a court order, not a subpoena, which allows release of the record to me. I am sending the valid, certified copy of the U.S. court order with this request form.					
<input type="checkbox"/> I am an authorized representative of a federally recognized American Indian tribe. I need the record to decide if the adopted person is eligible for tribal enrollment or membership.					
Requester name (please print)				Requester email address	
Requester street address (Express shipping services will not deliver to PO boxes or APO addresses.)					Apt/Unit #
Requester city			Requester state	Zip code	Requester phone (10-digit)
REQUIRED – Sign this application in front of a Notary Public					
<i>I certify that the information provided on this application is correct and complete to the best of my knowledge.</i>					
Requester’s signature					
Notary	Signed or attested before me on: _____ day of _____, 20_____				Notary stamp/seal
	Printed name of notary public				
	Notary public signature		My commission expires		

REQUEST FOR ORIGINAL BIRTH RECORD OF ADOPTED PERSON

Requester Name:			
Fees and records request			Fee
Noncertified copy of original birth record			\$13
Additional birth records		# of extra copies	\$6 each
Processing			Fee
Standard — request processed in the order received			\$0
Faster — request handled ahead of standard requests <i>(doesn't include express delivery)</i>			\$20
Shipping			Fee
Regular first-class mail			\$0
Express delivery <i>(Check here <input type="checkbox"/> to require a signature.)</i>			\$21
<ul style="list-style-type: none"> ▪ The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature. Express delivery services will not deliver to PO boxes or APO addresses. ▪ For delivery outside the United States, you must supply a prepaid express delivery envelope with your application. 			
Total due			<i>Fees are due with the application and are non-refundable.</i>
Payment method			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Valid thru (MM/YY)
	Card number		3-digit code
<input type="checkbox"/> Check	Check #	Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.	
<input type="checkbox"/> Money order	Money order#		
Send your application and payment to:			Incomplete requests
Minnesota Department of Health Office of Vital Records Mail: PO Box 64499, St. Paul, MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 <i>(no vital-records counter service at this location)</i>			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. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.
If you have questions , contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.			