

Verify a Minnesota Birth Record

Use this form to obtain proof that a Minnesota birth record exists for a specific person. The vital records office will print a verification with the subject's full name, sex, date, and place of birth, if it finds the record. A verification is not a birth certificate. NOTE: County offices generally provide the fastest vital records service; in-person requests can often be fulfilled while you wait.

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

Information to find the birth record					
Subject	Subject's first name		Subject's middle name	Subject's last name	Name suffix
	Subject's date of birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Subject's birth city	Subject's birth county	Birth state MN
Parent(s)	Parent 1 first name	Parent 1 middle name	Parent 1 last name	Parent 1 last name before 1 st marriage	Name suffix
	Parent 2 first name	Parent 2 middle name	Parent 2 last name	Parent 2 last name before 1 st marriage	Name suffix
Person completing this application (requester)					
Requester's first and last name			Requester's phone (10-digits)	Requester's email	
Requester's street address			Apt/Unit #	City	State Zip code
Requester eligibility					
<p>Birth records of children born to married parents are public. Records of children born to single mothers are confidential unless the mother chose to make the record public.</p> <p>If you are requesting a public record, sign in "Requester's signature" space below.</p> <p>If you are requesting a confidential record, check one of the boxes below and sign this form in front of a notary public.</p> <p>If you do not know whether the record is public or confidential, sign this form in front of a notary public.</p> <p><input type="checkbox"/> I am the subject of the birth record, and I am age 16 or older</p> <p><input type="checkbox"/> I am the parent of the subject, and my name appears on the birth record</p> <p><input type="checkbox"/> I am the guardian of the subject (you must include legal documentation showing guardianship)</p> <p><input type="checkbox"/> I am presenting your office with a valid, certified copy of a U.S. court order</p>					
Sign this form in front of a notary public					
<i>I certify that the information provided on this document is accurate and complete to the best of my knowledge.</i>					
Requester's signature (Signature must match the name in the requester section above.)					
Notary	Signed or attested before me on the _____ day of _____, 20_____				Notary stamp/seal
	Notary public printed name				
	Notary public signature		My commission expires		

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Requester Name:		
Fees and records request		Fee
Birth record verification		\$9
		\$9
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 Card number	Valid thru (MM/YY) 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.		