

Birth Certificate Request

Use this form to order a birth certificate for a person born in Minnesota. If we cannot find the birth record you request, we will send you a certified Statement of No Birth Record Found. 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 obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)*

Information to find the requested birth record *Minnesota Rules 4601.2600*

Child/Subject	Child/subject first name		Child/subject middle name	Child/subject last name	
	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 1 st marriage	
	Parent two first name	Parent two middle name	Parent two last name	Last name before 1 st marriage	

REQUIRED – Requester information *Minnesota Rules 4601.2600*

Requester	Requester full name		Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
	Requester street address <small>(Express delivery will not deliver to PO boxes or APO addresses.)</small>		Apt/Unit #	Email	
			City	State	Zip code

REQUIRED — Mark the boxes that describe your relationship to the subject of the record *Minnesota Statutes 144.225*

Marital status is important.
Records of children born to married parents are “public”. That means that the certificate is available to those listed in items 1 – 18 below. Records of children born to single mothers are “confidential” unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19 – 23 may obtain confidential birth certificates.

“Public” birth records are available to individuals who meet any of the legal requirements in items 1-18

- | | | |
|--|--|---|
| 1. <input type="checkbox"/> A parent named on the subject’s record
4. <input type="checkbox"/> A child of the subject
7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse)
9. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you)
10. <input type="checkbox"/> The health care agent for the subject (we need a valid “health care power of attorney” document)
11. <input type="checkbox"/> Subject’s personal representative; the certified birth certificate is required for the administration of the estate
12. <input type="checkbox"/> Successor of the subject; the certified birth certificate is required for the administration of the estate
13. <input type="checkbox"/> Proof that you need a birth certificate for the determination or protection of a personal or property right
14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)
15. <input type="checkbox"/> Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify record)
16. <input type="checkbox"/> Attorney – I represent the subject, or a person listed in items 1-14 above. If you are a NON-Minnesota attorney, attach a copy of your attorney license.
My Minnesota Attorney License Number is: | 2. <input type="checkbox"/> A grandparent of the subject
5. <input type="checkbox"/> A grandchild of the subject
8. <input type="checkbox"/> I am the subject; I am requesting my own birth record | 3. <input type="checkbox"/> A great grandparent of the subject
6. <input type="checkbox"/> A great-grandchild of the subject |
|--|--|---|
17. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate
 18. I have a signed statement from a person above; it specifies the subject’s full name, date of birth, parents’ names, the signer’s relationship to the subject of the record and it authorizes me to obtain the certificate.

“Confidential” birth records are available only under the conditions, or to the person, in items 19-23

19. Parent named on the subject’s record
 20. The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)
 21. The subject, when 16 years old or older
 22. Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and, tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID)
 23. Pursuant to a valid, certified copy of a U.S. court order (**not** a subpoena) releasing the certificate

BIRTH CERTIFICATE REQUEST

Requester's name:			
REQUIRED – Sign this form in front of a notary public		<i>Minnesota Rules 4601.2600</i>	
<i>I certify that the information provided on this application is correct and complete to the best of my knowledge.</i>			
Requester's signature (Signature must match the name of the requester on page one.)			
Notary	Signed or attested before me on: _____ day of _____, 20____		Notary Stamp/Seal
	Printed name of notary public		
	Notary public signature	My commission expires	
Fees and records request			Fee
First birth certificate			\$26
Additional birth certificates		# of extra copies	\$19 each
Veteran's Affairs (VA) birth certificate (for VA purposes only)		# of copies	\$0
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. (<i>Minnesota Statutes 144.226; Minnesota Rules 4601.2600</i>) 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.			