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 ☐ Female ☐ 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	
	Parent two first name	Parent two middle name	Parent two last name	Last name before 1st marriage	

REQUIRED – Requester information *Minnesota Rules 4601.2600*

Requester full name	Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
Requester street address (Express delivery will not deliver to PO boxes or APO addresses.)	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. ☐ A parent named on the subject's record
2. ☐ A grandparent of the subject
4. ☐ A child of the subject
5. ☐ A grandchild of the subject
7. ☐ Spouse of the subject (You must be the current spouse)
8. ☐ I am the subject; I am requesting my own birth record
9. ☐ The legal custodian, guardian, or conservator of the subject (we need a copy of the court order that names you)
10. ☐ The health care agent for the subject (we need a valid "health care power of attorney" document)
11. ☐ Subject's personal representative; the certified birth certificate is required for the administration of the estate
12. ☐ Successor of the subject; the certified birth certificate is required for the administration of the estate
13. ☐ Person who provides proof that they need a birth certificate for the determination or protection of a personal or property right
14. ☐ Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)
15. ☐ Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify record)
16. ☐ Attorney – I represent the subject, or a person listed in items 1-14 above. My **Minnesota** Attorney License Number is: **If you are a NON-Minnesota attorney, attach a copy of your attorney license.**
17. ☐ Pursuant to a valid 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 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 copy of a U.S. court order (**not** a subpoena) releasing the certificate

Requester's name:		
REQUIRED – Sign this form in front of a notary public		*Minnesota Rules 4601.2600*
I certify that the information provided on this application is correct and complete to the best of my knowledge.		
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**	**$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 *(doesn't include express delivery)*		**$20**	
Shipping		**Fee**	
Regular first-class mail		**$0**	
Express delivery *(Check here ☐ to require a signature.)*		**$21**	

- **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	*Fees are due with the application and are non-refundable.*	

Payment method		
☐ **Credit card** MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code

☐ **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.
☐ **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 *(no vital-records counter service at this location)*	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. *(Minnesota Statutes 144.226; Minnesota Rules 4601.2600)* 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.