# Request for Original Birth Record Information under Minnesota Statute 144.2252

Use this form to request an adopted person's original birth record, as authorized by Minnesota Statutes, section 144.2252. Eligible requesters are either adopted people born in Minnesota or certain people related to adoptees, if the adopted person has died. All requesters must be 18 years or older.

We will provide requesters with the following for **Minnesota-born adoptees**, if available:

- Noncertified copy of adopted person's original birth record
- Any evidence of the adoption (i.e., court file number; date, county, and state of adoption) filed with MDH
- Copy of contact preference form, if birth parent(s) on the original record submitted one
- Report of any Affidavit of Disclosure or Non-Disclosure filed by a birth parent on the original record, on or before June 30, 2024. We'll provide information included on disclosure documents, if allowable.

***Foreign-born adoptees*** may use this form to request any evidence of their adoption filed with the State Registrar; **the other documents listed above are not available** for adoptees born outside the U.S. Eligible people listed below may also request if the foreign-born adoptee is deceased.

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. The fee is non-refundable, even if we can't fulfill your request.

*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 AFTER adoption** | | | | |
|---|---|---|---|---|
| **Adopted person** | First name | Middle name | Last name | State file number, if known |
| | Date of birth (MM/DD/YYYY) | Minnesota city of birth | Minnesota county of birth | Birth country (non-U.S. births) |
| **Adoptive parents** | First name | Middle name | Last name before 1st marriage | Last name |
| | First name | Middle name | Last name before 1st marriage | Last name |

| **ORIGINAL birth record information, if known** | | | |
|---|---|---|---|
| Subject first name | Subject middle name | Subject last name | |
| **Birth parents** Parent one first name | Parent one middle name | Last name before 1st marriage | Parent one last name |
| Parent two first name | Parent two middle name | Last name before 1st marriage | Parent two last name |

| **Requester information (Requesters must by 18 years or older)** | | | | |
|---|---|---|---|---|
| Please print your name | Street address | | | Phone (10-digit) |
| City | Apt/Unit # | State | Zip code | Email |

☐ I am the adopted person.

☐ I am an attorney representing the adopted person or their estate.

My Minnesota attorney license number:

Non-Minnesota attorneys: Attach a copy of your attorney license

☐ I am the adopted person's spouse (if adopted person is deceased).

☐ I am the adopted person's child (if adopted person is deceased).

☐ I am the adopted person's grandchild (if adopted person is deceased).

**If the adopted person is deceased, you must provide:**

Adopted person's date of death:

Adopted person's place of death:

**Requester Name:**

**REQUIRED – Sign in front of a notary public**

*I certify that the information provided on this application is accurate and complete to the best of my knowledge.*

Requester signature

**Notary**

Signed or attested before me on: day of , 20

Printed name of notary

Notary public signature

My commission expires

Notary stamp/seal

| **Fees and records request** | **Fee** | |
|---|---|---|
| Noncertified copy of original birth record and related documents for adopted people born in Minnesota | **$40** | |
| Evidence of adoption ONLY for foreign-born adoptee with a Minnesota birth record | **$9** | |
| **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

Card number

Valid thru (MM/YY)

Cardholder name

3-digit code

☐ **Check** Check #

☐ **Money order** Money order#

**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.

**Send your application and payment to:**

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)*

**Incomplete requests**

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.