

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Information to locate the birth record							
Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name	Name suffix	
	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 1st marriage	Name suffix
	Parent two first name		Parent two middle name		Parent two last name	Last name before 1st marriage	Name suffix
Requester information – information about you							
Requester	Requester name						
	Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses)			Apt/Unit #	Daytime phone (xxx-xxx-xxxx)		
	City		State	ZIP	Email		
Mandatory - Read the information below. Select one of the boxes.							
Records of children born to married parents are “public”; anyone can purchase a noncertified public birth record. Records of children born to single mothers are “confidential” unless the mother chooses to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed in item three below. <i>Minnesota Statutes, section 144.225, subdivisions 2 and 7</i>							
1. <input type="checkbox"/> I want an image of the paper record for a birth in 2000 or before.							
2. <input type="checkbox"/> I want a printout of a birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is <i>not</i> included.							
3. Birth records of children born to unmarried parents are confidential unless the birth mother chooses to make the record public at the time of birth. The persons listed below are eligible to purchase noncertified confidential birth records. Mark one of the boxes below. You must sign this application in front of a notary.							
<input type="checkbox"/> I am the subject of the record age 16 or older			<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, sections 124D.23 and 626.556</i> , or a tribal child support program, <i>Minnesota Statutes, section 144.225</i> . Employee ID is required				
<input type="checkbox"/> I am a parent named on the record							
<input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)							
<input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court							
4. <input type="checkbox"/> I want a copy of the entire birth record including health information (available only for births 2001 to present). Mark a box to the right <input type="checkbox"/> I am the mother named on the birth record <input type="checkbox"/> I am a representative of local public health <i>You must sign this application in front of a notary.</i>							
Signature and Notary Information							
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>							
Requester signature				Notary stamp/seal			
Signed or attested before me on: _____ day of _____, 20_____							
Printed name of notary public							
Notary public signature			My commission expires:				

PENALTIES: Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

Noncertified Birth Record Application

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Requester name:			
Document requested	Request	Fee	Subtotals
One noncertified birth record	1	\$13	\$13
How many extra copies do you want?	# extra copies	Fee	
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
How do you want your request processed?		Fee	Choose processing
Standard – request processed in the order received		\$0	
Faster – your request goes ahead of standard requests <i>(Does not include UPS delivery)</i>		\$20	
How do you want your document(s) delivered?		Fee	Choose delivery
Regular First Class Mail®		\$0	
United Parcel Service (UPS)		\$16	
For UPS delivery, check here <input type="checkbox"/> to require a signature. The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.			
Fees are due at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>		Total amount due: The amount you pay must cover the certificates and services you requested.	
How do you want to pay?		Write in total if filling out by hand	
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> Check Check # _____		Make check or money order payable to the Minnesota Department of Health and send by mail with the application. DO NOT SEND CASH. <i>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.</i>	
<input type="checkbox"/> Money order Money order # _____			
Send your application, check, money order or credit card information			
By mail (Do not send cash) Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499		The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public and not paid in full at the time of application.	
By FAX Application with credit card information only 651-201-5740			
If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or call 651-201-5970.			