

Fill out this form to request a noncertified birth record printed on plain paper. Noncertified records are for information 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 #
	City	State	ZIP Code	Email

Mandatory - Read the information below. Select one of the boxes. *Minnesota Statutes, section 144.225, subdivisions 2 and 7*

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 chose to make the record public at the time of birth. Noncertified confidential birth records are restricted to the persons listed in item three below.

- I want an image of the paper record for a birth in 2000 or before.
 - 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 *not* included.
 - Birth records of children born to unmarried mothers are confidential unless the unmarried mother chose 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 a Minnesota program that administers child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E</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 | |
- 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 I am the mother named on the birth record I am a representative of local public health
You must sign this application in front of a notary.

Requester's signature and notary's information

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

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).