

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	
	Parent two first name		Parent two middle name		Parent two last name		Last name before 1st marriage	
							Name suffix	
							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 (10-digits)
	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).