

Use this form to request a summary of the history of changes—including amendments, replacements, and corrections—to a birth record, to help explain changes not noted on a birth certificate.

Information to find birth record (required)					
Subject	Subject first name		Subject middle name		Subject last name
	Date of birth (MM/DD/YYYY)		Subject city of birth		Subject county of birth
State MN					
Parent(s)	Parent 1 first name	Parent 1 middle name	Parent 1 last name	Parent 1 last name before 1 st marriage	
	Parent 2 first name	Parent 2 middle name	Parent 2 last name	Parent 2 last name before 1 st marriage	
REQUIRED – Requester information					
Requester full name					
Requester street address			Apt/Unit#	Requester city	State
Zip code					
Requester eligibility					
<input type="checkbox"/> I am the subject of the birth record. <input type="checkbox"/> I am the parent of the subject, and my name appears on the birth record.					
Sign this form in front of a notary public					
<i>I certify that the information provided on this document is accurate and complete to the best of my knowledge.</i>					
Requester's signature (Signature must match the name in the requester section above.)					
Notary	Signed or attested before me on the _____ day of _____, 20_____				Notary stamp/seal
	Notary public printed name				
	Notary public signature		My commission expires		
Fees and records request					Fee
Summary of birth record changes					\$9
					\$9
Processing					Fee
Standard — request processed in the order received					\$0
Faster — request handled ahead of standard requests					\$20
Shipping					Fee
Regular first-class mail					\$0
Express delivery (Check here <input type="checkbox"/> to require a signature.)					\$21
<ul style="list-style-type: none"> • The Office of Vital Records and the express delivery service are not responsible for deliveries that don't 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.

Requester Name:		
Payment method		
<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 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.
<input type="checkbox"/> Money order	Money order #	
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 (<i>no vital-records counter service at this location</i>)
If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.		