

Use this form to request a certified copy of a recognition of parentage, spouses’s non-parentage statement, or revocation form filed with the Office of Vital Records. To be eligible to receive these forms, your name must be on the form, you must have signed the form, or you must be otherwise authorized by law. 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.

If you are a child support representative outside Minnesota, contact the Minnesota Department of Human Services at 651-431-4400 for help getting a copy, or have a parent who signed the parentage/paternity form make the request.

It’s illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.

Information on child's birth record

| | | | | | |
|------------------------------------|------------------------------------|-----------------------------|--|-------------------------------------------------------------------------|---------------------------------------------------|
| Child's first name | | Child's middle name | | Child's last name | |
| Child's date of birth (MM/DD/YYYY) | Minnesota city and county of birth | | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Certificate State File Number (if known) |
| Mother/Parent 1 first name | | Mother/Parent 1 middle name | | Mother/Parent 1 maiden name | |
| Father/Parent 2 first name | | Father/Parent 2 middle name | | Father/Parent 2 last name | |
| Spouse's first name | | Spouse's middle name | | Spouse's last name | |

Requester information

| | | | | | |
|--------------------------|--|---------------|-------|--------------------------|----------|
| Your name | | Email address | | Daytime phone (10-digit) | |
| Mailing address - street | | | | Apt/unit # | |
| City | | | State | | Zip code |

What is your relationship on the paternity form? Check one below.

I signed the Recognition of Parentage, Declaration of Parentage, Spouse’s Non-parentage Statement or Revocation form, or my name appears on the form. I am the:

mother father spouse child

I am a representative of a Minnesota state, local, or tribal government office and have access to data about births for child support enforcement and other purposes allowed under Minnesota Statutes, section 144.225, subdivision 2.

| | | |
|---------------------------|-------------------------------------------------------|-----------------------------------------------------|
| 1. Government office name | 2. Sign your name below. <i>Notary not needed.</i> | 3. Include a copy of your employee ID with request. |
|---------------------------|-------------------------------------------------------|-----------------------------------------------------|

REQUIRED – Sign this form in front of a notary public

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

| | | |
|-------------------------|----------------------------------------------------------------|-------------------|
| Requester’s signature | | Notary stamp/seal |
| Notary | Signed or attested before me on the _____ day of _____, 20____ | |
| | Printed name of notary public | |
| Notary public signature | My commission expires | |

CERTIFIED PARENTAGE DOCUMENT REQUEST

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Requester Name: | | | |
| Fees and records request | | | Fee |
| Certified copy of Recognition of Parentage (ROP) or Declaration of Parentage (DOP) | # of copies | \$9 each | |
| Certified copy of Spouse’s Non-parentage Statement (SNPS) or Husband’s Non-paternity Statement (HSPS) | # of copies | \$9 each | |
| Certified copy of <i>revocation</i> of an ROP or SNPS | # of copies | \$9 each | |
| Processing | | | Fee |
| Standard — request processed in the order received | | | \$0 |
| Faster — request handled ahead of standard requests (<i>doesn’t include express delivery</i>) | | | \$20 |
| Shipping | | | Fee |
| Regular first-class mail | | | \$0 |
| Express delivery (<i>Check here <input type="checkbox"/> to require a signature.</i>) | | | \$21 |
| <ul style="list-style-type: none"> ▪ 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 | | | <i>Fees are due with the application and are non-refundable.</i> |
| Payment method | | | |
| <input type="checkbox"/> Credit card MasterCard/VISA/Discover | Cardholder name | Valid thru (MM/YY) | |
| | Card number | 3-digit 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: | | Incomplete requests | |
| 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>) | | 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. | | | |