

Complete this form to register as a midwife with the Office of Vital Records at the Minnesota Department of Health.

Terms and conditions			
<ul style="list-style-type: none"> ▪ I will record information on each birth and fetal death that I attend as a midwife. ▪ I will use the worksheets approved by the Office of Vital Records to collect birth and fetal death information. ▪ I will send the worksheets and associated documents to the Office of Vital Records via fax or U.S. mail in a timely manner. ▪ I will give unmarried parents written information about the Minnesota Voluntary Recognition of Parentage program, and the rights and responsibilities of establishing parentage. ▪ I will notify the Office of Vital Records if any of my contact information changes. ▪ I understand that a person who intentionally makes a false statement in a birth registration, or who intentionally supplies false information in the preparation of a registration is guilty of a gross misdemeanor. <p><i>Minnesota Statutes, Chapter 13 and Minnesota Statutes, sections 144.215, 144.22, 144.227 and 147D.13 and Minnesota Rules, part 4601.0600.</i></p>			
Midwife information (please print)			
First name	Middle name	Last name	Title
Business or legal name			
Street address		City	State ZIP Code™
What is the best way to contact you? <input type="checkbox"/> Email <input type="checkbox"/> Phone	Email address		
	Phone number (10-digit)		
My signature means that I understand and will comply with the terms and conditions above.			
Midwife signature		Signature date	
To electronically sign this form, press the Shift and F4 keys. Look for the Fill & Sign feature to the right.			

Fax the completed form to 866-416-1357.

Minnesota Department of Health
 Office of Vital Records
 PO Box 64499
 St. Paul, MN 55164-0499
 651-201-5970
health.vitalrecords@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call 651-201-5970.