

Use this form to request additions or changes to information on a Minnesota birth record. You must also provide documents that support the requested amendments (see instructions). *It's illegal to give false information to amend a vital record, and it may subject you to fines, jail time, or both.*

What does the birth record show now?					
Child/Subject	Child/Subject first name		Child/Subject middle name	Child/Subject last name	Name suffix
	Date of birth (MM/DD/YYYY)	Sex	Minnesota city of birth		Minnesota county of birth
Parents	First name of parent one		Middle name of parent one	Last name of parent one	Last name before 1 <sup>st</sup> marriage
	First name of parent two		Middle name of parent two	Last name of parent two	Last name before 1 <sup>st</sup> marriage
List each item to amend separately. See the instruction sheet.			How should information show on the new certificate? See the instruction sheet.		
Item to amend			Show on new certificate as		
Item to amend			Show on new certificate as		
Item to amend			Show on new certificate as		
Item to amend			Show on new certificate as		
<b>To amend additional items, see the last page of the form.</b>					
Requester Information – What is your relationship to the subject of the birth record?					
By law, only the birth record subject, their parent, or their legal guardian or representative may request amendments.					
<input type="checkbox"/> I am the subject of the record and 18 or older (if you have a court order, you - not your parent - must be requester)					
<input type="checkbox"/> I am a parent listed on the record					
<input type="checkbox"/> I am the legal guardian or legal representative of the subject. <b>You must send a certified copy of the U.S. court order with the application.</b> The court order must name you as the legal guardian or list you as the legal representative.					
Requester full name				Date of birth (MM/DD/YYYY)	
Street address ( <i>Express delivery services won't deliver to PO boxes or APO addresses.</i> )				Apt/Unit #	
City		State	Zip code	Daytime Phone (10-digit)	Email
REQUIRED – Sign this form in front of a notary public					
<i>I certify that the information provided on this application is correct and complete to the best of my knowledge.</i>					
Requester 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		

BIRTH RECORD AMENDMENT REQUEST

<b>Requester Name:</b>		
<b>Fees and records request</b>		<b>Fee</b>
Amendment request processing		<b>\$40</b>
First amended birth certificate		<b>\$26</b>
Additional birth certificates	# of extra copies	<b>\$19 each</b>
<b>Processing</b>		<b>Fee</b>
Standard — request processed in the order received		<b>\$0</b>
Faster — request handled ahead of standard requests <i>(doesn't include express delivery)</i>		<b>\$20</b>
<b>Shipping</b>		<b>Fee</b>
Regular first-class mail		<b>\$0</b>
Express delivery <i>(Check here <input type="checkbox"/> to require a signature.)</i>		<b>\$21</b>
<ul style="list-style-type: none"> <li>▪ <b>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.</b> Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>▪ For delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>		<i>Fees are due with the application and are non-refundable.</i>
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.
<input type="checkbox"/> <b>Money order</b>	Money order#	
<b>Send your application and payment to:</b>		<b>Incomplete requests</b>
Minnesota Department of Health Office of Vital Records  <b>Mail:</b> PO Box 64499, St. Paul, MN 55164-0499  <b>Courier/express delivery:</b> 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 <b>questions</b> , contact the Office of Vital Records at <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.		

**Birth Record Amendment Application**

(Use this page ONLY if you filled all the rows on the first page of the application.)

<b>Requester Name:</b>	
<b>List each item to amend separately</b> See the instruction sheet.	<b>How should information show on the new certificate?</b> See the instruction sheet.
Item to amend	Show on new certificate as
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