

Birth Certificate after Adoption Request

Use this form to request a birth certificate of an adopted person, after the birth record has been replaced and reflects the adoption. 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.

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

Birth record information AFTER ADOPTION							
Adopted person (child)	First name after adoption		Middle name after adoption	Last name after adoption	Name suffix		
	Date of birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth	County of birth	State of birth MN		
Adoptive Parents	Parent 1 first name	Parent 1 middle name	Parent 1 last name	Parent 1 last name before 1 st marriage	Suffix		
	Parent 2 first name	Parent 2 middle name	Parent 2 last name	Parent 2 last name before 1 st marriage	Suffix		
Requester information							
Requester name				Date of birth (mm/dd/yyyy)			
Street address (Express delivery won't deliver to PO boxes or APO addresses)			Apt/Unit #	Email address			
City		State	Zip code	Phone number (10-digit)			
Requester - You must check ONE box below			Requester - Supply the documentation specified				
1. <input type="checkbox"/> Parent of subject			No added documentation needed				
2. <input type="checkbox"/> Subject of the record (adopted person)			No added documentation needed				
3. <input type="checkbox"/> Governmental agency – local, state, tribal or federal			Photocopy of employee ID				
4. <input type="checkbox"/> Attorney that represents the subject of the record, or another person listed in Minnesota Statutes, section 144.225, paragraph(a), clause (1).			MN Attorney License Number: _____ NON-MN Attorney - Attach photocopy of license				
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 CERTIFICATE AFTER ADOPTION REQUEST

Requester Name:		
Fees and records request		Fee
Register replacement birth record		\$40
First birth certificate showing subject's post-adoption information		\$26
Additional birth certificates	# of extra copies	\$19 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.		