Noncertified Birth Record Application

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Information to locate the birth record

<table>
<thead>
<tr>
<th>Child/subject first name</th>
<th>Child/subject middle name</th>
<th>Child/subject last name</th>
<th>Name suffix</th>
</tr>
</thead>
</table>

Date of birth (MM/DD/YYYY) | Sex | Minnesota city of birth | Minnesota county of birth | State of birth

Parent one first name | Parent one middle name | Parent one last name | Last name before 1st marriage | Name suffix
Parent two first name | Parent two middle name | Parent two last name | Last name before 1st marriage | Name suffix

Requester information – information about you

Requester name
Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses) | Apt/New # | Daytime phone (xxx-xxx-xxxx)

City | State | ZIP | Email

Mandatory - Read the information below. Select one of the boxes.

Records of children born to married parents are “public”; anyone can purchase a noncertified public birth record. Records of children born to single mothers are “confidential” unless the mother chooses to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed in item three below. Minnesota Statutes, section 144.225, subdivisions 2 and 7

1. ☐ I want an image of the paper record for a birth in 2000 or before.
2. ☐ I want a printout of a birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is not included.
3. Birth records of children born to unmarried parents are confidential unless the birth mother chooses to make the record public at the time of birth. The persons listed below are eligible to purchase noncertified confidential birth records.

Mark one of the boxes below. You must sign this application in front of a notary.

☐ I am the subject of the record age 16 or older
☐ I am a parent named on the record
☐ I am the guardian of the subject (a certified copy of a court order naming you is required)
☐ I am presenting your office with a certified copy of a court order issued by a U.S. court
☐ I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, or a tribal child support program, Minnesota Statutes, section 144.225. Employee ID is required

4. ☐ I want a copy of the entire birth record including health information (available only for births 2001 to present).

Mark a box to the right  ☐ I am the mother named on the birth record  ☐ I am a representative of local public health

You must sign this application in front of a notary.

Signature and Notary Information

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

Requester signature | Notary stamp/seal

Signed or attested before me on: _______ day of ______________, 20_____

Printed name of notary public

Notary public signature | My commission expires:

Cash/Check__________ DCN | Copies

PENALTIES: Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).