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

Child/Subject				
Child/subject first name	Child/subject middle name	Child/subject last name	Name suffix	
Date of birth (MM/DD/YYYY)	Sex ☐ Female ☐ Male	Minnesota city of birth	Minnesota county of birth	State of birth **MN**

Parents				
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				
Requester name				
Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses)			Apt/Unit #	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).