



Noncertified Birth Record Application

Fill out this form to request a noncertified birth record printed on plain paper. Noncertified records are for information 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 <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth	Minnesota county 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 (10-digits)
	City	State	ZIP Code	Email	

Mandatory - Read the information below. Select one of the boxes. *Minnesota Statutes, section 144.225, subdivisions 2 and 7*

Records of children born to married parents are “public”; anyone can buy a noncertified **public** birth record. Records of children born to single mothers are “confidential” unless the mother chose to make the record public at the time of birth. Only the persons listed in item three below may buy noncertified confidential birth records.

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. The printout *does not show* health information.
3. Birth records of children born to unmarried mothers are confidential unless the unmarried mother chose to make the record public at the time of birth. The persons listed below are eligible to buy noncertified **confidential** birth records.
Mark one of the boxes below. You must sign this application in front of a notary.

<input type="checkbox"/> I am the subject of the record age 16 or older <input type="checkbox"/> I am a parent named on the record <input type="checkbox"/> I am the guardian of the subject (you must show a certified copy of the court order that names you) <input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court	<input type="checkbox"/> I act for a Minnesota program that administers child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, section 124D.23; Minnesota Statutes, chapter 260E; or a tribal child support program, Minnesota Statutes, section 144.225.</i> (Must show employee ID)
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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.

Requester’s signature and notary’s information

I certify that the information provided on this application is correct 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:

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).