



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 <input type="checkbox"/> Female <input type="checkbox"/> 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. <i>Minnesota Statutes, section 144.225, subdivisions 2 and 7</i>							
1. <input type="checkbox"/> I want an image of the paper record for a birth in 2000 or before.							
2. <input type="checkbox"/> 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 <i>not</i> 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.							
<input type="checkbox"/> I am the subject of the record age 16 or older			<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, sections 124D.23 and 626.556</i> , or a tribal child support program, <i>Minnesota Statutes, section 144.225</i> . Employee ID is required				
<input type="checkbox"/> I am a parent named on the record							
<input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)							
<input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court							
4. <input type="checkbox"/> 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 <input type="checkbox"/> I am the mother named on the birth record <input type="checkbox"/> I am a representative of local public health <i>You must sign this application in front of a notary.</i>							
Signature and Notary Information							
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>							
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).