

Adopted Person’s Request for Original Birth Record Information

Adopted people who are at least 19 years old and were born in Minnesota can use this form to request information from the birth record created at their birth.

The birth parents may each have signed an Affidavit of Disclosure or Non-Disclosure form to indicate whether they want the information from the original birth record released to the adopted person. You will receive a noncertified copy of your original birth record if we can release the information. If we cannot release the information, we will inform you. 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.

If our office has no forms on file, we will refer your request to the Minnesota Department of Human Services (DHS). DHS will send your request to the proper adoption agency; that agency will contact you about their services and fees.

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

Birth certificate information AFTER adoption

Adopted person	First name		Middle name		Last 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	
Adoptive parent	First name	Middle name	Last name before 1 st marriage		Last name	Suffix	
	First name	Middle name	Last name before 1 st marriage		Last name	Suffix	

ORIGINAL birth record information IF KNOWN

Subject first name		Subject middle name		Subject last name		Suffix	
Birth parents	First name	Middle name	Last name before 1 st marriage		Last name	Suffix	
	First name	Middle name	Last name before 1 st marriage		Last name	Suffix	

Adoption information IF KNOWN

Adoption type	<input type="checkbox"/> Customary / Tribal <input type="checkbox"/> International <input type="checkbox"/> State guardianship <input type="checkbox"/> Private domestic <input type="checkbox"/> Stepparent		County or adoption agency name				
				Date adoption was final (MM/DD/YYYY)		Court where adoption occurred	

REQUIRED - Requester information and signature in front of notary public

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

Please print your name		Your signature in front of a notary public			Phone (10-digit)
Street address		City	State	Zip code	Email

Notary	Signed or attested before me on: day of , 20				Notary stamp/seal
	Printed name of notary				
	Notary public signature		My commission expires		

ADOPTED PERSON'S REQUEST FOR ORIGINAL BIRTH RECORD

Requester Name:		
Fees and records request		Fee
Noncertified copy of original birth record		\$13
		\$13
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.		