

## Birth Attendant Application and Change Request

Use this form to add, remove, or change birth attendant information (Minnesota licensed physicians, residents and certified nurse midwives only) in Minnesota Registration & Certification (MR&C).

### Action

 Add

 Remove

 Change address or primary clinic

 Change name only

Former name:

### Birth attendant information

License number

NPI number (10-digit)

Title

Phone (10-digit)

First name

Middle name

Last name and suffix

Address of primary clinic (for hospitalist, use hospital address) – Street

City

State

ZIP

### Requester

Facility name

City

Requester name (print)

Date

Requester signature

Phone number (10-digit)

### Submit form

Email the completed form to the Office of Vital Records at [health.dataquality@state.mn.us](mailto:health.dataquality@state.mn.us) or fax to 866-416-1357. If you have questions, contact the Help Desk at 651-201-5970.

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 Office of Vital Records  
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 St. Paul, MN 55164-0499  
 651-201-5970  
[health.dataquality@state.mn.us](mailto:health.dataquality@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

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To obtain this information in a different format, call  
 651-201-5970.