

Use this form to request a summary of the history of changes—including amendments, replacements, and corrections—to a birth record.

Information to find birth record (required)					
Subject	Subject first name		Subject middle name	Subject last name	
	Date of birth (MM/DD/YYYY)	Subject city of birth	Subject county of birth	State MN	
REQUIRED – Requester information					
Requester full name			Requester's relationship to subject		
Requester street address (Express delivery will not deliver to PO boxes or APO addresses)		Apt/Unit#	Requester city	State Zip code	
Requester's signature		Date signed	Phone number (10 digits) OR email address		
Describe the reason for your request (350-character limit, including spaces)					
Fees and records request				Fee	
Summary of birth record changes				\$9	\$9
Processing				Fee	
Standard — request processed in the order received				\$0	
Faster — request handled ahead of standard requests				\$20	
Shipping				Fee	
Regular first-class mail				\$0	
Express delivery (Check here <input type="checkbox"/> to require a signature.)				\$21	
<ul style="list-style-type: none"> • The Office of Vital Records and the express delivery service are not responsible for deliveries that don't 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 security 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:					
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>)		
If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.					