

Request for Original Birth Record Information under Minnesota Statute 144.2252

Use this form to request an adopted person's original birth record, as authorized by Minnesota Statutes, section 144.2252. Eligible requesters are either adopted people born in Minnesota or certain people related to adoptees, if the adopted person has died. All requesters must be 18 years or older.

We will provide requesters with the following, if available:

- Noncertified copy of adopted person's original birth record
- Any evidence of the adoption filed with the State Registrar
- Copy of contact preference form if birth parent(s) on the original record submitted one
- Report of any Affidavit of Disclosure or Non-Disclosure filed by a birth parent on the original record, on or before June 30, 2024. We'll provide information included on disclosure documents, if allowable.

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 we cannot find the requested birth record, we will send you a non-certified Statement of No Birth Record Found. The fee is non-refundable, even if no record is found.

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

Birth record information AFTER adoption				
Adopted person	First name	Middle name	Last name	State file number, if known
	Date of birth (MM/DD/YYYY)	Minnesota city of birth		Minnesota county of birth
Adoptive parents	First name	Middle name	Last name before 1 st marriage	Last name
	First name	Middle name	Last name before 1 st marriage	Last name
ORIGINAL birth record information, if known				
Subject first name		Subject middle name	Subject last name	
Birth parents	Parent one first name	Parent one middle name	Last name before 1 st marriage	Parent one last name
	Parent two first name	Parent two middle name	Last name before 1 st marriage	Parent two last name
Requester information (Requesters must be 18 years or older)				
Please print your name		Street address	Phone (10-digit)	
City		State	Zip code	Email
<input type="checkbox"/> I am the adopted person. <input type="checkbox"/> I am an attorney representing the adopted person or their estate. My Minnesota attorney license number: Non-Minnesota attorneys: Attach a copy of your attorney license <input type="checkbox"/> I am the adopted person's spouse (if adopted person is deceased). <input type="checkbox"/> I am the adopted person's child (if adopted person is deceased). <input type="checkbox"/> I am the adopted person's grandchild (if adopted person is deceased). If the adopted person is deceased, you must provide: Adopted person's date of death Adopted person's place of death				

REQUEST FOR ORIGINAL BIRTH RECORD

Requester Name:		
REQUIRED – Sign in front of a notary public		
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>		
Requester signature		
Notary	Signed or attested before me on: _____ day of _____, 20	Notary stamp/seal
	Printed name of notary	
	Notary public signature _____ My commission expires _____	
Fees and records request		Fee
Noncertified copy of original birth record and related documents		\$40
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.		