

# Birth Record Amendment Packet

Any corrections or additions to a birth record require an amendment, when the changes happen after a birth certificate has been purchased OR after the child’s first birthday, whichever comes first. Fill out the form below and provide supporting documents to request an amendment to a Minnesota birth record.

You may request amendments for the following information on the birth record:

### Child’s/subject’s information

- First, middle, last name and name suffix (amending a full name requires court order)
- Date of birth
- Time of birth
- Plurality (i.e., single birth, twin birth, triplet)
- Sex
- Place of birth

### Parent’s information

- Names (first, middle, last, or name suffix – changing entire name requires court order)
- Names at birth (name before first marriage)
- Date of birth
- Place of birth

Format changes, such as requests for upper case/lower case letters are not valid amendment requests. Minnesota birth records print in all capital letters as a best practice set by U.S. vital records standards organizations.

List each item you want to amend on a separate line as shown below. In the right column, print how you want the item to show on the new certificate. The third page of the application has space for additional items to amend.

Parents	First name ROSE ANN	Middle name MARIE	Last name JONES	Last name before 1 <sup>st</sup> marriage JOHNSON
	First name OSCAR	Middle name BENJAMIN	Last name JONES	Last name before 1 <sup>st</sup> marriage JONES
<b>What item(s) do you want to amend?</b> <small>List each item separately - see the instruction sheet</small>		<b>How do you want the information to show on the new certificate?</b> <small>See the instruction sheet</small>		
Item to amend <b>Mother’s first name</b>	Show on certificate as <b>ROSEANNE</b>			
Item to amend <b>Mother’s last name before first marriage</b>	Show on certificate as <b>JOHNSEN</b>			

## Supporting documents

Amendments require supporting documentation.

You must send at least **one** supporting document to **add** missing information to a birth record.

You must send in at least **two** supporting documents to **change** information on a birth record.

Each document must:

1. Show the item you want to add or change *exactly as you want it to appear on the new birth certificate*, AND
2. Show at least two items that match what is on the birth certificate already *that you are not asking to have changed*.

Documents need to show at least two items from this list:

- subject’s last name
- subject’s date of birth
- subject’s place of birth
- a parent’s name
- a parent’s date of birth
- a parent’s place of birth

Documents must be	What does this mean?
Legible	We can make out the letters and words; document is sharp – not blurred or smeared
Unmodified	No erasures: nothing crossed out; no correction tape or fluid
Original	No copies – must provide, for instance, actual passport or certificate of naturalization
Certified	Birth, death, or marriage certificates; military discharge forms; and court orders must be issued by a government office. Certified documents usually have a stamp or seal.
Authenticated	Authenticated means an employee from the place giving you the record <i>declares in writing</i> that the document they are providing you is a true and exact copy of the record on file. At minimum, an employee of the organization must list the name and address of the organization on the document, and sign and date it.
In English	Documents must be in English or translated into English. A qualified translator must translate the document and sign it in front of a notary public.
Depending on subject’s age, created within a certain number of years from birth <b>OR</b> a certain number of years before your request	If the <b>subject is younger than seven years old</b> , the document must be from the subject’s first year of life <b>OR</b> at least one year <i>before</i> you signed the amendment application.
	If the <b>subject is seven or more years old</b> , the document must be from before the subject’s third birthday <b>OR</b> at least seven years <i>before</i> the date you signed the amendment application.

## Acceptable supporting documents

The Office of Vital Records accepts the document listed below and may determine other documents are acceptable. Documents must meet all the requirements above and support the requested amendment.

- Authenticated U.S. K-12 school record, or official college transcript
- Authenticated hospital, clinic, or social services record
- Valid (unexpired) passport – **NOT** a notarized photocopy
- Original or certified copy of U.S. military discharge papers (such as a DD214 form)
- Certified (government issued) copy of a marriage certificate
- Certified court orders from a U.S. court that:
  - Show the subject’s name and date of birth as they currently appear on the birth record
  - Clearly specify which items to amend on the birth record (if amending information other the subject’s name)
- Certified copy of a birth certificate of a child
- Certified copy of a birth certificate of a parent or sibling (only to amend parent information)
- U.S. baptism certificate or other church record and the church’s phone number (to verify record)

- Original or certified copy of a Certificate of Naturalization AND certified Petition for Name Change
- Official tribal enrollment record
- [Numident record \(https://secure.ssa.gov/poms.nsf/lnx/0203325025\)](https://secure.ssa.gov/poms.nsf/lnx/0203325025) from the U.S. Social Security Administration

## Documents NOT accepted

- Hospital souvenir birth certificate
- Driver's license
- State, employee, or other id card or permit
- Social security card or statement
- Application of any kind
- Insurance card or policy
- Paycheck stub
- Tax return
- Statement or bill
- Newspaper article

## Gender

To change the subject's sex on a birth record, the requester must send our office *either* of the following:

- **An original letter from and signed by a licensed physician** that:
  - References the subject's name and date of birth on the current birth record and,
  - Certifies that the subject has had "appropriate clinical" treatment for gender transition.

**OR**

- **A certified copy of a court order that specifically directs amendment of the subject's sex on the birth record.**

## Changing parent names on record

A court order is required to change the full name of a parent on a subject's birth record. The court order must:

- Spell out the parent's name(s) before and after the name change, and
- Direct the Office of Vital Records to change the parents' names on the child's birth record.

A court order to change the parents' names on *multiple* birth records must list each child's name.

## Please note

- Fees are not refundable.
- Birth record amendment requests can only be fulfilled by the Office of Vital Records (Minnesota Department of Health); they are not available through county vital records offices.
- We will return your application along with your supporting documents if the application is not filled out completely, your payment is insufficient, or supporting documents are not adequate for the request.
- Pay one \$21 express delivery fee if you asked for changes to multiple birth records. Documents must all go to the same address.
- 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.

- Be sure to sign the application in front of a notary public.
- The fee for reviewing and processing the amendment is non-refundable and does not include the cost of a new birth certificate. Do not send cash as payment.
- Include a prepaid express delivery envelope with your application if your supporting documents or new certificates are going to an address outside the U.S.
- Ensure that your supporting documents meet all the requirements listed above. We will return your original documents when we finish processing your request.
- Find information on getting a Minnesota court order at [Minnesota Judicial Branch](https://mncourts.gov/) (https://mncourts.gov/).

Call 651-201-5970 or email [health.vitalrecords@state.mn.us](mailto:health.vitalrecords@state.mn.us) with questions.

Use this form to request additions or changes to information on a Minnesota birth record. You must also provide documents that support the requested amendments (see instructions). *It's illegal to give false information to amend a vital record, and it may subject you to fines, jail time, or both.*

What does the birth record show now?							
Child/Subject	Child/Subject first name		Child/Subject middle name	Child/Subject last name	Name suffix		
	Date of birth (MM/DD/YYYY)	Sex	Minnesota city of birth	Minnesota county of birth			
Parents	First name of parent one	Middle name of parent one	Last name of parent one	Last name before 1 <sup>st</sup> marriage			
	First name of parent two	Middle name of parent two	Last name of parent two	Last name before 1 <sup>st</sup> marriage			
List each item to amend separately. See the instruction sheet.			How should information show on the new certificate? See the instruction sheet.				
Item to amend			Show on new certificate as				
Item to amend			Show on new certificate as				
Item to amend			Show on new certificate as				
Item to amend			Show on new certificate as				
<b>To amend additional items, see the last page of the form.</b>							
Requester Information – What is your relationship to the subject of the birth record?							
By law, only the birth record subject, their parent, or their legal guardian or representative may request amendments.							
<input type="checkbox"/> I am the subject of the record and 18 or older (if you have a court order, you - not your parent - must be requester)							
<input type="checkbox"/> I am a parent listed on the record							
<input type="checkbox"/> I am the legal guardian or legal representative of the subject. <b>You must send a certified copy of the U.S. court order with the application.</b> The court order must name you as the legal guardian or list you as the legal representative.							
Requester full name				Date of birth (MM/DD/YYYY)			
Street address ( <i>Express delivery services won't deliver to PO boxes or APO addresses.</i> )				Apt/Unit #			
City	State	Zip code	Daytime Phone (10-digit)	Email			
REQUIRED – Sign this form in front of a notary public							
<i>I certify that the information provided on this application is correct and complete to the best of my knowledge.</i>							
Requester signature				Notary Stamp/Seal			
Notary	Signed or attested before me on the _____ day of _____, 20_____						
	Printed name of notary public						
Notary public signature			My commission expires				

B I R T H R E C O R D A M E N D M E N T R E Q U E S T

<b>Requester Name:</b>		
<b>Fees and records request</b>		<b>Fee</b>
Amendment request processing		<b>\$40</b>
First amended birth certificate		<b>\$26</b>
Additional birth certificates	# of extra copies	<b>\$19 each</b>
<b>Processing</b>		<b>Fee</b>
Standard — request processed in the order received		<b>\$0</b>
Faster — request handled ahead of standard requests <i>(doesn't include express delivery)</i>		<b>\$20</b>
<b>Shipping</b>		<b>Fee</b>
Regular first-class mail		<b>\$0</b>
Express delivery <i>(Check here <input type="checkbox"/> to require a signature.)</i>		<b>\$21</b>
<ul style="list-style-type: none"> <li>▪ <b>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.</b> Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>▪ For delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>		<i>Fees are due with the application and are non-refundable.</i>
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.
<input type="checkbox"/> <b>Money order</b>	Money order#	
<b>Send your application and payment to:</b>		<b>Incomplete requests</b>
Minnesota Department of Health Office of Vital Records  <b>Mail:</b> PO Box 64499, St. Paul, MN 55164-0499  <b>Courier/express delivery:</b> 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 <b>questions</b> , contact the Office of Vital Records at <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.		

