

For court use, check one: <input type="checkbox"/> Initial Certificate <input type="checkbox"/> Amended Certificate
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Complete this form to register a replacement birth record for the child of an adjudicated father. The Minnesota Department of Health (MDH) will use the information provided on this form to record the legal father's information on the birth record. *Minnesota Statutes, section 144.218, subdivision 5*

<b>1. ADJUDICATED FATHER</b> Please print or type. Fill in all the boxes. <b>You must enter the first and last names.</b> Enter NONE, UNKNOWN, or NOT APPLICABLE, in boxes if information is missing.	<b>ADJUDICATED FATHER INFORMATION</b>			
	Father's first name	Father's middle name	Father's last name	Suffix
	Father's date of birth	Father's birthplace (State)		
<b>2. FEES REQUIRED</b> You must pay a \$40 fee to register the replacement record and a separate \$26 fee for the birth certificate. Make checks payable to the Minnesota Department of Health.  Mailing address: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul, MN 55164-0499	<b>SEPARATE FEES AND APPLICATIONS FOR REPLACEMENTS AND CERTIFICATES</b>			
	Complete this form and send it with the \$40 fee to register the replacement birth record. MDH will replace the child's original birth record. The adjudicated father's information will show on the replacement record. The \$40 fee applies only to the replacement.  If you want a birth certificate after the replacement, fill out a Birth Certificate Application. Follow the instructions on the application. A certificate costs \$26. Additional certificates, if bought at the same time for the same record, cost \$19 each. Find the Birth Certificate Application on the MDH <a href="https://www.health.state.mn.us/people/vitalrecords/birth.html">Birth Certificates (https://www.health.state.mn.us/people/vitalrecords/birth.html)</a> webpage or call 651-201-5970. <i>Minnesota Statutes, section 144.226</i>  You may send the Certificate of Adjudication, the Birth Certificate Application, and the required fees (at least \$66) in the same envelope.			
<b>3. IDENTIFY THE BIRTH RECORD TO BE REPLACED</b>  Fill in all the boxes in the INFORMATION ON THE BIRTH RECORD SECTION. This information helps MDH find the correct birth record. Enter or print the information from the child's original or current birth record. If some information is missing, enter NONE, UNKNOWN, or NOT APPLICABLE. MDH may reject your request if we are not sure we have the correct birth record.  Birth record State File Number, if known  _____ -MN-	<b>INFORMATION ON THE BIRTH RECORD</b>			
	CHILD			
	Child's first name	Child's middle name	Child's last name	Suffix
	Child's birth date	Child's sex	Child's birth city/township	Child's birth county
				<b>MN</b>
	MOTHER			
	Mother's first name	Mother's middle name	Mother's maiden name	Mother's last name
OTHER PARENT (IF LISTED ON RECORD)				
Other parent's first name	Other parent's middle name	Other parent's last name		
<b>4. COURT ADMINISTRATOR</b>  The court administrator of the county where the adjudication took place completes this section and certifies the Certificate of Adjudication.  Please print or type. Complete all the information. Affix the court's seal.  Seal	<b>CERTIFICATION</b>			
	<b>I certify that the court ruled that the individual named in Part 1 is the father of the child identified in Part 3. The child's name on the replacement birth record shall be registered as:</b>			
	Child's first name	Child's middle name	Child's last name	Suffix
	Does the order direct other changes to the birth record, aside from the father's name or child's name? <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>If YES, make note of the changes on the next line and send a certified copy of the order with this form.</b>			
	Date of the adjudication		Court file number	
	Signature		Date signed	
	Printed name		Phone (10-digit)	
Court administrator in and for the county of		State		
		<b>MN</b>		
<b>5. CHILD SUPPORT</b> Did a child support office facilitate the adjudication? <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>If yes, supply contact information.</b>	Child support worker name	County name	Worker email	
			Worker phone (10-digit)	

*This form is for use by Minnesota Courts and Child Support Offices*