DEPARTMENT OF HEALTH

Request for Standard Vital Records Data Reports

Use this form to request standard public data reports for Minnesota birth records and death records registered since April 1, 2011. We will send the vital record reports you order by email in a sortable electronic spreadsheet. Due to the size of reports, we may send more than one email if you order multiple reports.

Requester information					
Requester name	Email	Email			
Street address	Apt/Unit #	Daytime phone (10-digits)			
City	State	Zip code			
Choose a standard report					
 year which includes vital events fro For 2011, data is available from Ap 	on all birth records is privat aset when a statistical data rds that are registered up to Public data from Minneso om January 1 to December oril 1. For the current year,	e. All death records are public. set is not yet available. Preliminary data			
 The report includes the following i Subject's name, gender, an Birth plurality (single, twin, Place of birth and address, Birth attendant's name, titl Parents' name(s), date and 	d date and time of birth. etc.) and birth order. including county. e, and license number.	ucation, marital status, and race.			
Indicate each calendar year you a	re requesting:				
 which includes vital events from Ja 2011, data is available from April 1 The report includes the following i 	nuary 1 to December 31, d For the current year, data nformation for each death race, residence address, bin on, and cause and manner ames, and informant's nam cation, funeral home name	rth and death dates and locations, marital of death. e and address.			
Indicate each calendar year you a	re requesting:				
Email <u>health.dataquality@state.mn.us</u> to o	rder something other than	a standard data report.			

*A report includes data for the full calendar year, except reports for 2011 and the current calendar year.

REQUEST FOR STANDARD VITAL RECORDS DATA REPORTS

Requester name:						
Fees			Fee			
Ctandard birth data ranarta			orts (calendar equested	\$15 each		
			orts (calendar equested	\$15 each		
Processing			Fee			
Standard — request processed in the order received			\$0			
Faster — request handled ahead of standard requests			\$20			
Total due Fees are due with the application and are non-refundable.						
Payment method						
Credit card	Cardholder name		Valid thru (MM/YY)			
MasterCard/VISA/Discover	Card number		3-digit code			
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.				
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		The Office of Vital Records returns applications that are incomplete 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 data reports.				
 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 (no vital-records counter service at this location) 						
Contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970 with questions.						