



Noncertified Birth Record Application

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Information to locate the birth record

Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name		Name suffix
	Date of birth (MM/DD/YYYY)	<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth		
Parents	Parent one first name		Parent one middle name	Parent one last name		Last name before 1st marriage	Name suffix
	Parent two first name		Parent two middle name	Parent two last name		Last name before 1st marriage	Name suffix

Requester information – information about you

Requester	Requester name						
	Requester mailing address – Street				Apt/Unit #	Daytime phone (xxx-xxx-xxxx)	
	City		State	ZIP	Email		

Mandatory - Read the four choices below. Select one of the boxes.

- I want an image of the paper record for a birth in 2000 or before. *If the record is “confidential”, see number three below. Only individuals listed in number three below may obtain confidential birth records.*
- I want a copy of a “public” birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is *not* included. Your signature does NOT need to be notarized. Go to page two of this form.
- Birth records of children born to unmarried parents are confidential unless the birth mother chooses to make the record public at the time of birth. The persons listed below are eligible to purchase noncertified **confidential** birth records. **Mark one of the boxes below. You must sign this application in front of a notary.**

<input type="checkbox"/> I am the subject of the record age 16 or older	<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, or a tribal child support program, Minnesota Statutes, section 144.225. Employee ID is required
<input type="checkbox"/> I am a parent named on the record	
<input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)	
<input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court	
- I want a copy of the entire birth record including health information (available only for births 2001 to present).
Mark a box to the right I am the mother named on the birth record I am a representative of local public health
You must sign this application in front of a notary. Go to Signature and Notary Information below.

Signature and Notary Information

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester signature		Notary stamp/seal
Signed or attested before me on: _____ day of _____, 20 _____		
Notary public signature	My commission expires:	

PENALTIES: Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).



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Quantity and cost – make checks payable to: Hennepin County Treasurer	Quantity	Fee	Total
Noncertified copy		\$13	
Total amount due:			

Send application and payment to Hennepin County Vital Records Office:

Vital Records Office
Hennepin County Government Center
300 South 6th St, Suite A025
Minneapolis MN 55487-0026

FAX # 612-348-2010

If you have questions, please contact us at rres.vitalrecords@hennepin.us or call 612-348-8919.

Office use only		
DCN/Certificate# _____	Number of copies _____	Initials _____
ID type _____	Amount \$ _____	Issue date _____
ID # _____		