



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 on 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)	☐ Female ☐ 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.															
Records of children born to married parents are “public”; anyone can purchase a noncertified public birth record. Records of children born to single mothers are “confidential” unless the mother chose to make the record public at the time of birth. Noncertified confidential birth records are restricted to the persons listed in item three below.															
1. ☐ I want an image of the paper record for a birth in 2000 or before.															
2. ☐ I want a printout of a 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. Please sign the application below)															
3. Birth records of children born to unmarried parents are confidential unless the birth mother chose 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. <table border="0" style="width: 100%;"><tr><td>☐ I am the subject of the record age 16 or older</td><td>☐ 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)</td></tr><tr><td>☐ I am a parent named on the record</td><td></td></tr><tr><td>☐ I am the guardian of the subject (a certified copy of a court order naming you is required)</td><td></td></tr><tr><td>☐ I am presenting your office with a certified copy of a court order issued by a U.S. court</td><td></td></tr></table>								☐ I am the subject of the record age 16 or older	☐ 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)	☐ I am a parent named on the record		☐ I am the guardian of the subject (a certified copy of a court order naming you is required)		☐ I am presenting your office with a certified copy of a court order issued by a U.S. court	
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4. ☐ 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.															
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_____															
Printed name of notary public															
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
One Noncertified copy		\$13	\$ 13
How many extra copies do you want? Additional copies are \$6 each at the time of this purchase		\$6	
How do you want your request processed?		Fee	
Standard – your request processed in the order received		\$0	\$0
Faster – your request goes ahead of standard requests (Does not include return overnight mail delivery)		\$20	
You must pay the full amount for the noncertified records and services that you ask for. Fees are due at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>			
			Total due:
Send application and payment to Hennepin County Vital Records Office:			
Hennepin County Vital Records 300 S. 6th Street, MC:678B Minneapolis, MN 55487-0678 Fax (612)348-2010			
If you have questions, please contact us at vitalrecords@hennepin.us or call 612-348-8919			

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