DEPARTMENT OF HEALTH

Certificate of Adoption

The Office of Vital Records uses the information on this form to register a replacement birth record in the new name of the adopted person. *Minnesota Statutes, section 144.218.*

1. ADOPTIVE PARENTS	Information for new birth record AFTER ADOPTION											
You <i>must</i> fill in all the fields in this	PARENT ONE (MOTHER) INFORMATION											
section. Do not leave blanks. Write "unknown" or "not applicable" for missing information.	Current first name			Current middle name			Current last name		-	Current suffix		
Print or type. Enter information for both parents, even for stepparent	First name before first marriage		Middle name before first marriage			arriage L	e Last name before first marriage			Suffix marri	before first age	
adoptions.	Date of birth (mm/dd/yyyy)Birthplace (State, or Foreign Country)											
Please mark a box below to show the adoption type:												
. ,.	PARENT TWO (FATHER) INFORMAT											
□ Stepparent	Current first name		Current middle name			C	Current last name			Curr	ent suffix	
□ Single Parent	First name before first marriage			Middle name before first marriage			lact name before first marriage			Suffix	before first	
□ Non-Relative	The serve hist manage		indule name before hist mainage			anage Lo	- Last name before hist HidHidge			marria		
🗆 Two Parent	Date of birth (mm/o	Pate of birth (mm/dd/yyyy) Birthplace (Sta				tate, or Foreign Country)						
2. FEES AND APPLICATION FOR A BIRTH CERTIFICATE	Fees and application for a birth certificate AFTER AD							OP	ΓΙΟΝ			
Make checks payable to the Minnesota Department of Health.	The Office of Vital Records must receive the \$40 fee to register a replacement birth record and an additional \$26 fee if you are ordering a birth certificate now.											
Mail to:	To buy a new birth certificate, fill out a Birth Certificate after Adoption Request and mail (do not fax)											
Minnesota Department of Health	it and all fees with the Certificate of Adoption completed by the court.											
Office of Vital Records PO Box 64499 St. Paul, MN 55164-0499	Minnesota Statutes, section 144.225, subdivision 7, and section 144.226, subdivision 1 Minnesota Rules, part 4601.2600 and part 4601.0400, subpart 1											
3. SUBJECT AND BIRTH	Info	rmatio	n f	from the birth record BEFORE ADOPTION								
PARENTS			S	UBJECT'S N	AME E	BEFOR	e ad	OPTION				
Please print or type. Do not leave blanks. Supply all requested	First name of subject Middle name of sub						t Last name of subject Suffix				Suffix	
information for <i>both</i> parents. Write "unknown" or "not applicable" for missing information. If this section is incomplete or inaccurate, MDH may not be able to find the birth record before <i>this</i> adoption.	Date of Birth Sex (City or Township of Birth C			County of Birth Sta		State or F	tate or Foreign Country		
			PΔ	RENT ONE (моті	HFR) IN	NFOI	RMATION	1			
	Parent one first name					-	ent one last name		Last name before first marriage			
Once OVR creates the replacement record, the earlier birth record becomes confidential. Minnesota law limits the release of information from birth records before adoptions.	PARENT TWO (FATHER) INFORMATION (if listed on the birth record)											
			arent two middle name				Parent two last name					
4. COURT ADMINISTRATOR	CERTIFICATION											
county where the adoption	I certify that the child/subject named in part 3 was adopted by the parent(s) shown in part 1 and that the court has decreed the child's name to be:											
proceedings took place completes this section and certifies the Certificate of Adoption. Please print or type. Do not leave	First name of the subject			Middle name of the subjec			t Last name of the subject				Suffix	
blanks. Affix the court's seal.	Date of the Adoption: Court File Nun							File Numbe	ıber:			
Seal	Signature:							I	Date Signed:			
	Court Administrator in and for the County of:							5	State:			