DEPARTMENT OF HEALTH

Birth Attendant Application and Change Request

Use this form to add, remove, or change birth attendant information (Minnesota licensed physicians, residents and certified nurse midwives only) in Minnesota Registration & Certification (MR&C).

Action

☐ Add	☐ Remove	☐ Change address or primary clinic
☐ Change name only	Former name:	

Birth attendant information

License number	NPI number (10-digit)	Title	Phone (10-digit)
First name	Middle name	Last name and suffix	
Address of primary clinic (for hospitalist, use hospital address) – Street			
City		State	ZIP

Requester

Facility name	City
Requester name (print)	Date
Requester signature	Phone number (10-digit)

Submit form

Email the completed form to the Office of Vital Records at health.dataquality@state.mn.us or fax to 866-416-1357. If you have questions, contact the Help Desk at 651-201-5970.

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Office of Vital Records
PO Box 64499
St. Paul, MN 55164-0499
651-201-5970
health.dataquality@state.mn.us
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To obtain this information in a different format, call 651-201-5970.