

Request for Standard Vital Records Data Reports

Use this form to request standard public data reports for Minnesota birth records and death records registered

	nuary 1, 2011. We will send the vital record reposheet. Due to the size of reports, we may send m	•						
Reques	ter information							
Requester name		Email						
Street address		Apt/Unit #	Daytime phone (10-digits)					
City		State	Zip code					
Choose	a standard report							
records Standar	rd data reports include public information from are public and health information on all birth red reports provide a preliminary dataset when a sinformation from public vital records that are Standard birth record data report: Public data year (2011 – present) which includes vital ever sortable spreadsheet. For the current year, da The report includes the following information Subject's name, gender, and date and to Birth plurality (single, twin, etc.) and bi Place of birth and address, including comparison.	ecords is private. Al statistical dataset i registered up to the from Minnesota bets from January 1 to ta is available up to for each birth: time of birth. rth order.	I death records are public. s not yet available. Preliminary data e date that we fulfill your request. irth records for a specified calendar to December 31, displayed in a					
	 Parents' name(s), date and place of birth, address, education, marital status, and race. 							
	Indicate each calendar year you are requesting:							
	Standard death record data report: Data from (2011 – present) which includes vital events from spreadsheet. For the current year, data is available to be following information.	om January 1 to De lable up to date fulf	cember 31, displayed in a sortable					

The report includes the following information for each death:

- Decedent's name, gender, race, residence address, birth and death dates and locations, marital status, education, occupation, and cause and manner of death.
- Spouse's name, parents' names, and informant's name and address.
- Disposition method and location, funeral home name and location.
- Medical certifier's name and location.

Indicate each calendar year you are requesting:

Email <u>health.dataquality@state.mn.us</u> to order something other than a standard data report.

REQUEST FOR STANDARD VITAL RECORDS DATA REPORTS

Requester name:									
Fees	Fee								
Standard public birth data reports			# of reports (calendar years) requested						
Standard death data reports			# of reports (calendar years) requested						
Processing	Fee								
Standard — request processed in the order received									
Faster — request handled ahead of standard requests									
Total due Fee									
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	er Card number		3-digit code						
☐ Check #			Make check or money order payable to Minnesota Department of Health. DO NOT						
Money order ☐ Money order	SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.								
Send your application and payment to:			Incomplete requests						
Minnesota Department of Health Office of Vital Records			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 receive the data reports.						
Mail: PO Box 64499, St. Paul									
Fax: 866-416-1357 (credit car									
Courier/express delivery: 62 55155 (no vital-records count									
Contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970 with questions.									