

State of Minnesota

County _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: Name Change

In the Matter of (current name on birth record):

First Middle Last

Motion to Replace Birth Record

(Minn. Stat. § 144.218, subdivision 4)

Date of Birth: _____

PLEASE TAKE NOTICE that the undersigned will bring a motion before the Honorable _____

_____, on _____ at _____ .m. at the
(Name of Judge) (Date: Month, Day, Year) (Time)

_____ County Courthouse / Government Center located at _____

_____ in the city of _____, Minnesota,
(Street address where hearing to be held)

and will ask the court to issue an order directing the Minnesota Department of Health to change and issue a replacement birth record for the Applicant as requested in the following motion.

Motion

1. This motion is made in good faith, without intent to defraud or mislead.
2. The Applicant previously requested and the court granted his/her name change from _____ to _____
3. Applicant has has not amended his/her birth record to reflect Applicant's name change.
4. Applicant requests:
 - To have the birth record created or maintained by the Minnesota Department of Health replaced to reflect the name change from _____ to _____.
 - To have the sex changed from _____ to _____ on the birth record created or maintained by the Minnesota Department of Health.
 - To have the Minnesota Department of Health issue and register a replacement birth record. Applicant further requests the prior birth record be kept confidential and the replacement birth record not to include any reference to Applicant's former name former sex.

To change the following other item: _____

5. Applicant states that the item(s) identified in paragraph 4 above are incomplete, inaccurate, or false for the following reason(s) (supporting documentation required): _____

6. Applicant requests the court to issue an order directing the Minnesota Department of Health to issue and register a replacement birth record.

Date: _____

Applicant's Signature

Minor's signature (14 years of age or older)

Address

City, State, Zip

E-mail address

Telephone number