



STATE OF MINNESOTA

VITAL RECORD ORDER FORM

Please save this order form to your computer for easy access.

When you are ready to place an order for Vital Records paper, please complete this order form in full, save the file for your records, and email copies of the order to both vital.records@northstar-mn.net and vitalrecordspaper@state.mn.us

Contact Northstar at 763.531.7375 if you have any questions

Local Office: _____ PO # _____
Purchasing Agent: _____ Date: _____
Phone Number: _____ Email: _____

Bill To:

Ship To:

Location: _____ Location: _____
Attn: _____ Attn: _____
Street Address: _____ Street Address: _____
Suite: _____ Suite: _____
City, State, ZIP: _____ City, State, ZIP: _____

QUANTITY	LOCATION PREFIX	START NUMBER

Credit Card:

Visa ____ MC ____ Discovery ____ AM EX ____

Card No: _____

Expiration: _____

Sec #: _____

If you have questions about the security paper contract, policies or procedures related to issuing certificates, please contact the Minnesota Department of Health, Office of Vital Records by email at health.issuance@state.mn.us or phone at 651-201-5980. Thank you.