

State of Minnesota Vital Records Order Form

This form is to be completed by the authorized purchasing agent for each State of Minnesota County Office for the purpose of procuring Vital Record Documents.

Local Office	
Authorized Purchasing Agent	
PO Number	
Order Date	
Requested Due Date	

Bill To:		Ship To:	
Contact		Contact:	
Email		Email	
Address 1		Address 1	
Address 2		Address 2	
City		City	
State		State	
Zip Code		Zip Code	
Tel		Tel	
Fax		Fax	

Document Details			
County Prefix		Quantity	
Begin Control Number		End Control Number	

Signed: _____

Date:

Standard shipment method is Fed Ex Ground Service. Required lead time is 21 business days.
 Primary order submission method is to kindly fax completed form to (513) 202-1215
 Secondary order submission method is to email completed form to: jclark@sekuworks.com