| **<insert county logo here>** | | | | | | | | | | **Noncertified Birth Record Application**  *Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.* | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Information to locate the birth record** | | | | | | | | | | | | | | | | | | |
| **Child/Subject** | Child/subject first name | | | | Child/subject middle name | | | | | | | | | Child/subject last name | | | | Name suffix |
| Date of birth (MM/DD/YYYY) | | Female  Male | | | City of birth | | | | | | | | | | County of birth | | |
| **Parents** | | Parent one first name | | Parent one middle name | | | | | | Parent one last name | | | | | | | Last name before 1st marriage | | Name suffix |
| Parent two first name | | Parent two middle name | | | | | | Parent two last name | | | | | | | Last name before 1st marriage | | Name suffix |
| **Requester information – information about you** | | | | | | | | | | | | | | | | | | | |
| **Requester** | | Requester name | | | | | | | | | | | | | | | | | |
| Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses) | | | | | | | | | | | | Apt/Unit # | | | | Daytime phone (xxx-xxx-xxxx) | |
| City | | | | | | State | | | | ZIP | Email | | | | | | |
| **Mandatory - Read the four choices below. Select one of the boxes.** | | | | | | | | | | | | | | | | | | | |
|  | | | I want an image of the paper record for a birth in 2000 or before. *If the record is “confidential”, see number three below.* *Only individuals listed in number three below may obtain confidential birth records.* | | | | | | | | | | | | | | | | |
| 1. ☐ | | | I want a copy of a “public” birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is *not* included. Your signature does NOT need to be notarized. Go to page two of this form. | | | | | | | | | | | | | | | | |
|  | | | I want a copy of a “confidential” birth record. A birth record is “confidential” when a child is born to unmarried parents and the mother does not opt to make the record “public” at the time of birth. Confidential birth records are available only to those in the following list. **Mark one of the boxes below**. *You must sign this application in front of a notary.* Go to Signature and Notary Information below. | | | | | | | | | | | | | | | | |
|  | | | I am the subject of the record age 16 or older  I am a parent named on the record  I am the guardian of the subject (a certified copy of a court order naming you is required) | | | | | | I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required)  I am presenting your office with a certified copy of a court order issued by a U.S. court | | | | | | | | | | |
|  | | | I want a copy of the entire birth record including health information (available only for births 2001 to present). | | | | | | | | | | | | | | | | |
| **Mark a box to the right** | | | | | I am the mother named on the birth record | | | | | | | | | | | I am a representative of local public health | | | |
| *You must sign this application in front of a notary.* Go to Signature and Notary Information below. | | | | | | | | | | | | | | | | | | | |
| **Signature and Notary Information** | | | | | | | | | | | | | | | | | | | |
| *I certify that the information provided on this application is accurate and complete to the best of my knowledge.* | | | | | | | | | | | | | | | | | | | |
| *If I am not eligible to receive the certificate I requested, the <insert county vital records office name> will contact me. I give <insert county vital records office name> permission to apply my payment to a follow up application.* | | | | | | | | | | | | | | | | | | | |
| Requester signature | | | | | | | | | | | | | | | | | Notary stamp/seal | | |
| Signed or attested before me on:\_­­\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Notary public signature | | | | | | | | | | My commission expires: | | | | | | |

**PENALTIES:** Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **<insert county logo here>** | | **Noncertified Birth Record Application**  *Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.* | | | | | |
| Requester name: | | | | | | | |
| **Document requested** | | | | **Request** | **Fee** | | **Subtotals** |
| One noncertified birth record | | | | 1 | $13 | | **$13** |
| **How many extra copies do you want?** | | | | **# extra copies** | **Fee** | |  |
| Extra copies cost $6 each *if you buy them at the same time as one purchased at $13*. | | | |  | **X** $6 each | |  |
| **How do you want your request processed?** | | | | | **Fee** | | **Choose processing** |
| Standard – request processed in the order received | | | | | **$0** | |  |
| Faster – your request goes ahead of standard requests *(Does not include UPS delivery)* | | | | | **$20** | |
| **How do you want your document(s) delivered?** | | | | | **Fee** | | **Choose delivery** |
| Regular First Class Mail® | | | | | **$0** | |  |
| United Parcel Service (UPS) | | | | | **$16** | |
| For UPS delivery, check here  to require a signature.  UPS will not deliver to PO boxes or APO addresses. | | | | | | | |
| **NOTICE: Fees are payable at the time of application and are non-refundable.** *Minnesota Statutes, section 144.226.* | | | **Total amount due:**  Amount must be at least $13 | | | |  |
| **How do you want to pay?** | | | | | | | |
| **Credit card** | Cardholder name | | | | | Valid thru MM/YY | |
| Card number | | | | | 3-digit security code | |
| **Check**  Check #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ☐ **Money order**  Money order #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Make check or money order payable to <county vital record office name> and send by mail with the application. Do not send cash.**  *Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.* | | | | | |
| If you have **questions**, contact the <county vital record office name>.  **Send application and payment to <county vital records office name>** | | | | | | | |
|  | | | | | | | |