| <insert county logo here> | | | | | | **Birth Certificate Application**  Complete this form to order a certified copy of a Minnesota birth certificate. | | | | | | | | | | | |
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| **The law requires you to provide information to order a birth certificate,** *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600.* **It is against the law to provide false information to get a birth certificate**. You may be subject to fines, jail time or both. M*innesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.* | | | | | | | | | | | | | | | | | |
| **Information to locate the requested birth record** | | | | | | | | | | | | | | | | | |
| **Subject** | Subject’s first name | | Subject’s middle name | | | | | | Subject’s last name | | | | | | | | Name suffix |
| Subject’s date of birth (mm/dd/yyyy) | | Female  Male | | Subject’s city of birth | | | | | | | | | | Subject’s 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 |
| **Person completing this application** | | | | | | | | | | | | | | | | | |
| Requester name | | | | | | | | | | | | | | Requester date of birth (mm/dd/yyyy) | | | |
| Requester mailing address – Street | | | | | Apt/Unit # | | | City | | | | | | | | State | ZIP |
| Requester daytime phone | | | | | Requester email | | | | | | | |
| United Parcel Service (UPS) will not deliver to PO boxes or APO addresses. | | | | |
| **Information about birth certificates:** Most Minnesota vital record information is public information. When a record is public, information and certificates are available to individuals who meet the legal requirements in items 1 - 19 below. Other vital record information is confidential. Data about the birth of a child to a woman who was not married to the child’s father when that child was conceived or born are confidential, unless the mother chooses to make the record public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 20 – 24. | | | | | | | | | | | | | | | | | |
| **MANDATORY — Check the boxes below that describe your relationship to the subject of the record:** | | | | | | | | | | | | | | | | | |
| ***Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below*** *(Public records)* | | | | | | | | | | | | | | | | | |
| 1. A parent named on the subject’s record | | | | 1. A grandparent of the subject | | | | | | | | 1. A great–grandparent of the subject | | | | | |
| 1. A child of the subject | | | | 1. A grandchild of the subject | | | | | | | | 1. A great-grandchild of the subject | | | | | |
| 1. Spouse of the subject (You must be the current spouse) | | | | | | | | | | | | | | | | | |
| 1. The subject of the vital record (I am requesting my own birth record) | | | | | | | | | | | | | | | | | |
| 1. Party responsible for filing the record (generally a health professional or birth attendant) | | | | | | | | | | | | | | | | | |
| 1. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) | | | | | | | | | | | | | | | | | |
| 1. The health care agent for the subject (health care power of attorney is required) | | | | | | | | | | | | | | | | | |
| 1. Subject’s personal representative; a certified copy is needed to administer the estate | | | | | | | | | | | | | | | | | |
| 1. Successor of the subject (subject is dead); the certified copy is needed to administer the estate | | | | | | | | | | | | | | | | | |
| 1. Determination or protection of a personal or property right and proof that birth certificate is needed | | | | | | | | | | | | | | | | | |
| 1. Adoption agency — to complete post-adoption search (Employee ID is required) | | | | | | | | | | | | | | | | | |
| 1. Local/state/federal governmental agency (Employee ID is required) | | | | | | | | | | | | | | | | | |
| 1. Attorney – my Minnesota Attorney License Number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | NON-Minnesota license? Affix a copy | | | | | | |
| 1. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate | | | | | | | | | | | | | | | | | |
| 1. Authorized representative listed in 1-18 above (a signed statement from the person authorizing release to you is required) | | | | | | | | | | | | | | | | | |
| ***Birth certificates available only under the conditions or to the persons named below*** *(Confidential records)* | | | | | | | | | | | | | | | | | |
| 1. Parent named on the subject’s record | | | | | | | | | | | | | | | | | |
| 1. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) | | | | | | | | | | | | | | | | | |
| 1. The subject, when *16 years or older* | | | | | | | | | | | | | | | | | |
| 1. Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required) | | | | | | | | | | | | | | | | | |
| 1. Pursuant to a valid, certified copy of a U.S. court order (**not** a subpoena) releasing the certificate | | | | | | | | | | | | | | | | | |
| **Signature and Notary (application must be signed in front of a notary if applying by mail or fax)** | | | | | | | | | | | | | | | | | |
| ***I certify that the information provided on this application is accurate and complete to the best of my knowledge.*** | | | | | | | | | | | | | | | | | |
| Requester’s signature | | | | | | | | | | | | | Notary Stamp/Seal | | | | |
| Signed or attested before me on: \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_ | | | | | | | | | | | | |
| Notary public signature | | | | | | | My commission expires | | | | | |

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|  | | | **Birth Certificate Application**  Complete this form to order a certified copy of a Minnesota birth certificate. | | | | | |
| **How many certificates do you want?** | | | | | **Request** | **Fee** | | **Total** |
| One birth certificate sent by First Class Mail®. | | | | | 1 | $26 | | **$26** |
| How many *additional* certificate(s) do you want to purchase for this birth record now? | | | | |  | $19 each | |  |
| **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 $26. | | | |  |
| If I am not eligible to receive the certificate I requested, the <county office name> will contact me. I give <county office name> permission to apply my payment to a follow up application. | | | | | | | | |
| **How do you want to pay?** | | | | | | | | |
| **Credit card**  MasterCard/VISA/Discover | Cardholder name | | | | | | Expiration date | |
| Card number | | | | | | 3-digit security code | |
| **Check**  Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Make your check or money order payable to < CVRO Name >. 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.* | | | | | | |
| **Money order**  Money order #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Send application and payment to:** | | | | | | | | |
| **County Vital Records Office** | | | | | | | | |
| If you have **questions**, please contact us at <enter county email address> or call <CVRO phone number>. | | | | | | | | |