



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

If fields are incomplete the application may not be processed

BIRTH RECORD	SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD
	BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

Check one only:

1. I am the:

<input type="checkbox"/> subject	<input type="checkbox"/> child of the subject	<input type="checkbox"/> spouse of subject
<input type="checkbox"/> parent listed on the record	<input type="checkbox"/> grandparent of the subject	<input type="checkbox"/> grandchild of the subject
2. I am the party responsible for filing the birth record.
3. I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order.)**
4. I am a personal representative and the certified copy is required for the administration of the estate.
5. I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6. I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar.)**
7. I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
8. I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
9. I am an attorney and my attorney license number is _____.
10. I am presenting your office with a court order issued by a court of competent jurisdiction.
11. I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application.) Must be mailed in.**

Purpose for your request:

APPLICANT	APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
	CERTIFICATE MAILING STREET ADDRESS (No Post Office Box Numbers Without a Street Address)			
	CITY	STATE	ZIP	PHONE NUMBER
	E-MAIL ADDRESS			

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both. (Minnesota Statutes section 144.227 and section 609.02, subdivision 3 and 4).

I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature: _____

Date: _____

Please attach a copy of your valid Driver's license or State issued Identification card.

Signature must be notarized if applying by mail or fax. Signed or attested before me on (date): _____		SEAL	<i>For Administrative Use Only</i>
			ID Viewed: _____
Signature of Notary Public: _____			
My commission expires (date): _____			Initials: _____



Birth Certification Fee Worksheet

Print your name as it appears on your application:			
How many	Item	Fee for each	Total
	Per certificate for each registrant	\$16	\$
	Optional - An Expedite fee is a per-record fee that will place your request ahead of other requests. An Expedite fee does NOT include Federal Express or other special mailing fees.	\$20	\$
	Optional - Federal Express Mail Service is \$16 for most deliveries. Higher rates apply to Saturday or international service and to deliveries to Alaska and Hawaii.	\$16 (per order only)	\$
	Mandatory fee for credit card transactions	\$6	\$
Total amount included:			\$
Credit Card Users:			
Credit card number:			
Expiration date:			

Make your check or money order payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2, and civil penalties may be imposed for nonpayment.

Mail the completed application form, birth certificate fee worksheet, copy of your valid driver's license or state issued ID and payment to:
 Minnesota Department of Health
 Attention: Office of the State Registrar
 P.O. Box 64882
 St. Paul, Minnesota 55164-0882

OR

Fax the completed form, birth certificate fee worksheet, credit card (Master Card, VISA, American Express and Discover Card) number and expiration date to 651-291-0101.

If you have questions, please e-mail osr1@health.state.mn.us or call 651-201-5970.