



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE
 This application must be notarized or signed in the presence of a registrar.

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

\$16 Certified Record

Check one only:

- 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
- I am the party responsible for filing the birth record.
- I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order)**
- I am a personal representative and the certified copy is required for the administration of the estate.
- 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.
- 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)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
- I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
- I am an attorney and my attorney license number is _____.
- I am presenting your office with a court order issued by a court of competent jurisdiction.
- 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.	<i>For Administrative Use Only</i>
	Signed or attested before me on (date): _____
	Signature of Notary Public: _____
	My commission expires (date): _____
SEAL	ID Viewed: _____ Initials: _____