



MARTIN COUNTY
RECORDER

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)		<input type="checkbox"/> Female <input type="checkbox"/> 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					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.*
- 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.

<input type="checkbox"/> I am the subject of the record age 16 or older	<input type="checkbox"/> 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)
<input type="checkbox"/> I am a parent named on the record	<input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court
<input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required)	
- 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 **Martin County Recorder’s Office** will contact me. I give **Martin County Recorder’s Office** 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).



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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 <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
How do you want your document(s) delivered?		Fee	Choose delivery
Regular First Class Mail®		\$0	
USPS Priority Mail		\$7.35	
USPS Priority Mail Overnight Express		\$25.50	
		Total amount due:	
		Amount must be at least \$13	
How do you want to pay?			
<input type="checkbox"/> Credit card	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> Check Check # _____		Make check or money order payable to the Martin County Recorder and send by mail with the application. Do not send cash. <i>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.</i>	
<input type="checkbox"/> Money order Money order # _____			

CREDIT/DEBIT CARD ORDERS

YOUR NAME AND ADDRESS LISTED MUST BE THE SAME AS ON YOUR CREDIT CARD

Credit Card Service Fees:

\$0 - \$50 = \$ 1.50

\$50.01 - \$100 = \$3.00

Each additional \$100 = \$3.00

RETURN FORM TO:
 Martin County Recorder
 201 Lake Ave., Ste. 203
 Fairmont, MN 56031
 PHONE: 507-238-3213

OR FAX TO: 507-235-8537

If you have **questions**, please contact us at 507-238-3213.