



MINNESOTA BIRTH RECORD APPLICATION – CERTIFICATE OF BIRTH

This application must be signed in the presence of a notary public.

If boxes are incomplete the application may not be processed.

If you have questions, please call 218-846-7304

PART I: Name on Birth Record				
FIRST NAME		MIDDLE NAME		LAST NAME
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

PART II: What is your relationship to the subject? (Please check only ONE.)	
<input type="checkbox"/> I am the subject.	<input type="checkbox"/> I am the parent listed on the record.
<input type="checkbox"/> I am the child of the subject.	<input type="checkbox"/> I am the grandparent of the subject.
<input type="checkbox"/> I am the spouse of subject.	<input type="checkbox"/> I am the grandchild of the subject.
<input type="checkbox"/> I am the party responsible for filing the birth record. (i.e. hospital, midwife, birth attendant)	
<input type="checkbox"/> I am the legal custodian, guardian or conservator of the subject. (You must submit a certified copy of a court order showing this relationship.)	
<input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate. (Please submit documentation showing this relationship)	
<input type="checkbox"/> I have documentation that the record is necessary for the determination or protection of personal or property rights. (You must submit documentation showing this relationship)	
<input type="checkbox"/> I am the health care agent of the subject. (You must submit documentation showing this relationship.)	
<input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search. (Please submit a copy of your employee ID)	
<input type="checkbox"/> I am an attorney and I have attached proof of my licensure.	
<input type="checkbox"/> I am presenting your office with a court order issued by a court of competent jurisdiction. (This must be a certified copy)	
<input type="checkbox"/> I represent a local, state, or federal governmental agency and the vital record is necessary for the governmental agency to perform its authorized duties. (Please submit a copy of your employee ID)	
<input type="checkbox"/> I am a representative authorized by a person listed above. (You must submit a notarized statement from a person listed above)	

PURPOSE FOR YOUR REQUEST:

PART III: Requester			
APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
MAILING STREET ADDRESS (If using a Post Office Box Number you must include a street address)			
CITY	STATE	ZIP	DAYTIME 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.

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

State of _____	County of _____	Notary Stamp/Seal
Sworn/affirmed to before me on _____ day of _____, 20_____.		
SIGNATURE OF NOTARY PUBLIC:		
MY COMMISSION EXPIRES:		



Instructions for Completing the Application for a Birth Certificate and Fee Worksheet

Use this application only if you want a legal certified copy of a birth record.

PART I: Birth Record Information

- Make sure all boxes are complete to the best of your knowledge.
- If you do not know information, please write "unknown." However, if we are not able to positively identify the birth record, we will return the application to you for more information or issue a certified copy of No Birth Record Found.
- If you are adopted and want a copy of your current, legal birth record, please use your adopted name and adopted parents' names.
- If you are requesting certificates for more than one birth record, you must complete a separate application for each record.

PART II: Tangible Interest

- Minnesota law requires an individual to have "tangible interest" to obtain a birth certificate.
- You must check one of the relationships listed in this section and you cannot add a relationship not on the list.
- You must attach documentation to prove your relationship to the subject when required.

PART III: Fee and Payment Information

- Please make your check or money order payable to **Minnesota Department of Health**. Fees are nonrefundable per Minnesota Statutes, section 144.226, subdivision 1.
- The expedite fee is an optional fee in addition to the birth certificate fee. Requesting expedited service will place your request ahead of non-expedited requests. This fee does not include Federal Express delivery.
- The Federal Express delivery fee is an optional fee in addition to the birth certificate fee. Requesting this service does not expedite the processing time for your request. It only applies to the method of delivery. Please check the box indicated if you want Federal Express to require a signature for receipt. **If you are requesting certificates for multiple birth records, only one Federal Express delivery fee is required.**

PART IV: Requester and Notary Information

- The requester is the person applying for the certificate, not the subject of the birth record.
- The requester's date of birth is required to process the application.
- If you do not have a phone number or email address, please write "none."
- You must sign the application in front of a notary public and the notary must provide a signing date.
- The notary's stamp or seal (if required in your state) must be readable on the application. If you fax the application, please shade a notary's impressed seal so it is visible.

If you have questions, please contact Becker County Records Office at:
218-846-7304.



MINNESOTA CERTIFICATE OF BIRTH APPLICATION

This application must be signed in front of a notary public.
If boxes are left blank the application may be returned.

NAME ON BIRTH RECORD:

PART III: Fee and Payment Information

Number	Item	Fee per item	Total
1	First birth certificate	\$26	
	Additional certificate(s) for this birth record requested at this time	\$19	
	Expedite (Optional) This is an <u>additional</u> fee that will place this request ahead of non-expedited requests.	\$20	
	Federal Express delivery (Optional) This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want Federal Express to require a signature for receipt. If you do not check this box, no signature will be required.	\$16	
		Total:	