

# Birth Certificate Application

Complete this form to order a certified copy of a Minnesota birth certificate.

You must fill in the information we ask for on this form. We need the information to find the correct birth record and to make sure that you may receive the certificate. If we cannot find the birth record you asked for, we will send you a certified "Statement of No Birth Record Found". *Minnesota Rules, part 4601.2600*

**Section A Information to find the requested birth record** *Minnesota Rules, part 4601.2600, subpart 2*

<b>Child/Subject</b>	Child/subject first name		Child/subject middle name		Child/subject last name		Name suffix
	Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth		Minnesota county of birth		State of birth <b>MN</b>
<b>Parents</b>	Parent one first name		Parent one middle name	Parent one last name		Last name before 1 <sup>st</sup> marriage	Name suffix
	Parent two first name		Parent two middle name	Parent two last name		Last name before 1 <sup>st</sup> marriage	Name suffix

**Section B Requester - person completing this application** *Minnesota Rules, part 4601.2600, subpart 3*

<b>Requester</b>	Requester full name			Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
	Requester mailing address – street <small>(United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)</small>			Apt/Unit #	Email	
				City	State	ZIP Code™

**Section C MANDATORY — Check the boxes below that describe your relationship to the subject of the record:**

**Marital status is important.**  
Records of children born to married parents are "public". That means that the certificate is available to those listed in items 1 – 18 below. Records of children born to single mothers are "confidential" unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19 – 23 may obtain confidential birth certificates.  
*Minnesota Statutes, section 144.225, subdivisions 2 and 7.*

**"Public" birth records are available to individuals who meet any of the legal requirements in items 1-18**

- |   |   |  |
|---|---|--|
| 1. <input type="checkbox"/> A parent named on the subject's record  | 2. <input type="checkbox"/> A grandparent of the subject                          | 3. <input type="checkbox"/> A great grandparent of the subject |
| 4. <input type="checkbox"/> A child of the subject  | 5. <input type="checkbox"/> A grandchild of the subject                           | 6. <input type="checkbox"/> A great-grandchild of the subject  |
| 7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse)  | 8. <input type="checkbox"/> I am the subject; I am requesting my own birth record |  |
| 9. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you)   |   |  |
| 10. <input type="checkbox"/> The health care agent for the subject (we need a valid "health care power of attorney" document)   |   |  |
| 11. <input type="checkbox"/> Subject's personal representative (we need a notarized statement that says you need the birth certificate to administer the estate)  |   |  |
| 12. <input type="checkbox"/> Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)   |   |  |
| 13. <input type="checkbox"/> Proof that you need a birth certificate for the determination or protection of a personal or property right  |   |  |
| 14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)  |   |  |
| 15. <input type="checkbox"/> Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record).  |   |  |
| 16. <input type="checkbox"/> Attorney – I represent the subject, or a person listed in items 1-14 above. <b>If you are a NON-Minnesota attorney, attach a copy of your attorney license.</b><br>My Minnesota Attorney License Number is:                |   |  |
| 17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate   |   |  |
| 18. <input type="checkbox"/> I have a signed statement from a person above; it specifies the subject's full name, date of birth, parents' names, the signer's relationship to the subject of the record and it authorizes me to obtain the certificate. |   |  |

**"Confidential" birth records are available only under the conditions, or to the person, in items 19-23**

- 19.  Parent named on the subject's record
- 20.  The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)
- 21.  The subject, when 16 years old or older
- 22.  Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and, tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID)
- 23.  Pursuant to a valid, certified copy of a U.S. court order (**not** a subpoena) releasing the certificate

BIRTH CERTIFICATE APPLICATION

Person completing this application – the requester:			
<b>Section D Requester's signature and signature of notary public</b>			
<i>I certify that the information on this application is correct and complete to the best of my knowledge. It is unlawful to give false information to get a birth certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227.</i>			
Requester's signature (Signature must match the name of the requester on page one)		Notary Stamp/Seal	
Signed or attested before me on: _____ day of _____, 20____			
Printed name of notary public			
Notary public signature	My commission expires		
<b>Section E How many birth certificates do you want?</b>		<b>Fee</b>	<b>Subtotals</b>
One certified birth certificate		\$26	\$26
Added copies are \$19 each <i>if you buy them at the same time as one at \$26.</i>	# of added copies	\$19 each	
<b>Section F How many VA birth certificates do you want?</b>		<i>Minnesota Statutes, section 197.63, subdivision 1</i>	
VA birth certificates are available free - <i>for Veterans Affairs related purposes only</i>		# VA certificates	\$0
<b>Section G Do you want standard or faster processing?</b>		<b>Fee</b>	<b>Choose processing</b>
Standard – request processed in the order received		\$0	Enter \$0 or \$20
Faster – your request goes ahead of standard requests (Does not include UPS® delivery)		\$20	
<b>Section H How do you want us to send your documents back to you?</b>		<b>Fee</b>	<b>Choose delivery</b>
Regular First-Class Mail®		\$0	Enter \$0 or \$16
United Parcel Service (UPS®)		\$16	
<b>For UPS® delivery</b> , check here <input type="checkbox"/> to require a signature. <b>The Office of Vital Records and UPS® are not responsible for deliveries that do not require a signature.</b> UPS® will not deliver to PO boxes or APO addresses. If you want UPS® delivery to an address outside of the United States, you must include a UPS® prepaid envelope when you mail your application and fees.			
<b>Section I The amount you pay must cover the certificates and services you requested above.</b>		<b>Amount due</b>	
		Payment due = subtotals from Sections E, G, and H above (Must be \$26 or more)	
<b>Section J How do you want to pay?</b>		<b>Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.</b>	
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to the Minnesota Department of Health and send by mail with application. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>	
<input type="checkbox"/> <b>Money order</b>	Money order #		
<b>Section K Send your application and payment</b>			
<b>By mail</b> (Do not send cash)	Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499	The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application.	
<b>By FAX</b>	866-416-1357 (Application with credit card information only)		
<b>If you have questions, contact <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or call 651-201-5970.</b>			