



## Statement to Identify Certified Birth or Death Certificate Applicant

Minnesota Rules, part 4601.2600, subpart 6, require completion of this statement by a witness that has known the applicant for at least two years.

| Witness Information (Please Print)                      |                        |                           |                     |
|---|------------------------|---------------------------|---------------------|
| First Name  | Middle Name or Initial | Last Name                 |                     |
|   |                        |                           |                     |
| Street Address  |                        |                           |                     |
|   |                        |                           |                     |
| City  | State                  | Zip code                  |                     |
|   |                        |                           |                     |
| Ten Digit Phone Number                                  | Date of Birth          | Relationship to Applicant |                     |
|   |                        |                           |                     |
| Applicant Information (Please Print)                    |                        |                           |                     |
| First Name  | Middle Name or Initial | Last Name                 | Date of Birth       |
|   |                        |                           |                     |
| Name on the Birth/Death Record Requested (Please Print) |                        |                           |                     |
| First Name  | Middle Name            | Last Name                 | Date of Birth/Death |
|   |                        |                           |                     |

I have known the applicant named under Applicant Information for \_\_\_\_\_ years and solemnly swear or affirm that he/she is the person presenting the application for a certified birth/death certificate for the person named under Name on the Birth/Death Record Requested.

**Sign in the presence of a registrar and present an acceptable document of identity. If the witness cannot accompany the applicant to the registrar's office or if applying by mail or fax, the signature of the witness must be notarized.**

| Signature:   | Date: |
|--|-------|
| <p>Subscribed and sworn to before me this _____ day<br/>of _____, 20_____<br/>_____<br/>(Seal)<br/>My Commission Expires _____</p> |       |