

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

BIRTH INFORMATION	FIRST		MIDDLE		LAST (name on birth record)
	MONTH	DAY	YEAR	SEX	CITY and COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

- ☐ **\$13.00 First certified record**
- ☐ **\$ 7.00 Each additional copy of the same record issued at the same time**

- I am the:

<input type="checkbox"/> subject	<input type="checkbox"/> child of the subject	<input type="checkbox"/> spouse of subject
<input type="checkbox"/> parent of subject	<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 legal documentation)**
- ☐ 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)**

PENALTIES:

Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes section 144.227).

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION			
Your Name (please print)			
I certify that the information provided on this application is accurate and complete to the best of my knowledge.			Date of Birth
Your Signature		Date / /	
Your Address		Daytime Phone	
	(City)	(State)	(Zip)

Signature must be notarized if applying by mail or fax. Subscribed and sworn before me this _____ day of _____, 20____ (Seal) _____ My commission expires: _____	<i>For Administrative Use Only</i> ID Viewed _____ Initials _____
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