Birth Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

BIRTH RECORD INFORMATION		
First Name	Middle Name	Last Name
Date of Birth	☐ Male ☐ Female	City and County of Birth
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name

REQUESTER INFORMATION			
Name		Date of Birth	
Mailing Address	City	State	Zip
Daytime Phone	Email		

What is your relationship to the subject of the record (tangible interest)? You must check one.

☐ I am the subject of the record ☐ I am the child of the subject ☐ I am the spouse of the subject
☐ I am the parent ☐ I am the grandparent of the subject ☐ I am the 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 **(you must include a certified copy of a court order showing this relationship)**
☐ I am the health care agent of the subject (you must include the health care agent power of attorney)
☐ 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 my MN statues, section 524.1-201, and the subject is deceased
☐ 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)**
☐ I represent an adoption agency and the record is needed to complete a confidential post-adoption search **(you must include a copy of your employee ID)**
☐ I am an attorney and I have attached proof of my licensure
☐ I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
☐ I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties **(you must include a copy of your employee ID)**
☐ I am a representative authorized by a person listed above **(you must include a notarized statement from a person listed above)**

Signature and Notary (application must be signed in front of a notary if applying by mail, fax or email)

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester Signature	Date:
Signed or attested before me on: day of , 20	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

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 Statues, section 144.227 and section 609.02, subdivision 3 and 4)