



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*

Child/Subject	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	
Parents	Parent one first name		Parent one middle name	Parent one last name		Last name before 1 st marriage	Name suffix
	Parent two first name		Parent two middle name	Parent two last name		Last name before 1 st marriage	Name suffix

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

Requester	Requester full name			Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
	Requester mailing address – street			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 – 17 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 18 – 22 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 1-17

- | | | |
|---|---|--|
| 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 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 who requires the birth certificate for administration of the subject's estate | | |
| 12. <input type="checkbox"/> Successor of a deceased subject who requires the birth certificate for administration of the subject's 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. If you are a NON-Minnesota attorney, attach a copy of your Minnesota Attorney License Number is: _____ your attorney license. | | |
| 17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate | | |

"Confidential" birth records are available only under the conditions, or to the person, in items 18-22

18. Parent named on the subject's record
19. The legal custodian, guardian, or conservator of the subject (you need a copy of a court order naming you)
20. The subject, when 16 years old or older
21. 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)
22. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

Requester's signature and signature of notary public

By signing my name in the space below, I hereby attest that the information I am providing on this application is correct to the best of my knowledge and belief and that I meet the legal requirements indicated in Section C.

Requester's signature (Requester named above must sign here)	Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20____	
Printed name of notary public	My commission expires
Notary public signature	