



# Noncertified Birth Record Application

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

## Information to locate the birth record

Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name		Name suffix
	Date of birth (MM/DD/YYYY)	<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 1st marriage		Name suffix	
	Parent two first name	Parent two middle name	Parent two last name	Last name before 1st marriage		Name suffix	

## Requester information – information about you

Requester	Requester name						
	Requester mailing address – street				Apt/Unit #	Daytime phone (xxx-xxx-xxxx)	
	City		State	ZIP	Email		

## Mandatory - Read the information below. Select one of the boxes. Minnesota Statutes, section 144.225, subdivisions 2 and 7

Records of children born to married parents are “public”; anyone can purchase a noncertified **public** birth record. Records of children born to single mothers are “confidential” unless the mother chooses to make the record public at the time of birth. Noncertified confidential birth certificates are restricted to the persons listed in item three below.

- I want a printout of a birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. Health information is *not* included.
- Birth records of children born to unmarried parents are confidential unless the birth mother chooses to make the record public at the time of birth. The persons listed below are eligible to purchase noncertified **confidential** birth records. **Mark one of the boxes below. You must sign this application in front of a notary.**

<input type="checkbox"/> I am the subject of the record age 16 or older <input type="checkbox"/> I am a parent named on the record <input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required) <input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court	<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, sections 124D.23 and 626.556</i> , or a tribal child support program, <i>Minnesota Statutes, section 144.225</i> . Employee ID is required
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*You must sign this application in front of a notary.*

## Signature and Notary Information

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

*If I am not eligible to receive the certificate I requested, the Clay County Recorder’s Office will contact me.*

Requester signature		Notary stamp/seal	
Signed or attested before me on: _____ day of _____, 20_____			
Printed name of notary public:			
Notary public signature	My commission expires:		

**PENALTIES:** Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).



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Requester name:			
<b>Document requested</b>	<b>Request</b>	<b>Fee</b>	<b>Subtotals</b>
One noncertified birth record	1	\$13	<b>\$13</b>
<b>How many extra copies do you want?</b>	<b># extra copies</b>	<b>Fee</b>	
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
<b>How do you want your document(s) delivered?</b>		<b>Fee</b>	<b>Choose delivery</b>
Regular First Class Mail®		\$0	
USPS Priority Mail® (Optional)		\$9.65	
Credit Card – A \$1.95 convenience fee is charged for credit card transactions.		\$1.95	
<b>NOTICE: Fees are payable at the time of application and are non-refundable.</b> <i>Minnesota Statutes, section 144.226.</i>		<b>Total amount due:</b> Amount must be at least \$13	
<b>How do you want to pay?</b>			
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover/ AMEX	Cardholder name	Valid thru MM/YY	
	Card number - PLEASE CALL OUR OFFICE WITH YOUR INFORMATION 218-299-5031 SELECT "0" to SKIP MENU	Billing Zip Code	
<input type="checkbox"/> <b>Check</b> Check # _____		<b>Make check or money order payable to Clay County Recorder and send by mail with the application. Do not send cash.</b>  <i>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 60A.113, subdivision 2.</i>	
<input type="checkbox"/> <b>Money order</b> Money order # _____			
If you have <b>questions</b> , contact the Clay County Recorder's Office at recorder@co.clay.mn.us or call 218-299-5031.			
<b>Send application and payment to Clay County Recorder:</b>			
<b>Mail:</b> Clay County Recorder PO Box 280 3510 12th Ave S Moorhead, MN 56561-0280			
<b>Fax:</b> 866-908-2452 (Please call after sending fax to ensure fax was received)			
<b>E-mail:</b> <a href="mailto:recorder@claycountymn.gov">recorder@claycountymn.gov</a>			