

Certified Copy of Birth Certificate Request

Complete this form to order a certified copy of a Minnesota birth certificate.

The law requires you to provide information to order a birth certificate, *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600*. It is against the law to provide false information to get a birth certificate. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Information to locate the requested birth record					
Subject	First name	Middle name	Last name		Suffix
	Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth
Parents	First name	Middle name	Last name	Last name before 1 st marriage	Suffix
	First name	Middle name	Last name	Last name before 1 st marriage	Suffix
Person completing this application					
Name				Date of birth (mm/dd/yyyy)	
Mailing address – Street			Apt/Unit #	City	State ZIP
United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.			Daytime phone		Email
			Information about birth certificates: Most Minnesota vital record information is public information. When a record is public, information and certificates are available to individuals who meet the legal requirements in items 1 - 14 below. Other vital record information is confidential. Data about the birth of a child to a woman who was not married to the child's father when that child was conceived or born are confidential, unless the mother chooses to make the record public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 15 - 19.		
MANDATORY — Check the boxes below that describe your relationship to the subject of the record:					
<i>Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)</i>					
<input type="checkbox"/> 1. The subject of the vital record (I am requesting my own birth record)					
<input type="checkbox"/> 2. A child, grandchild or great-grandchild of the subject					
<input type="checkbox"/> 3. Spouse of the subject (You must be the current spouse)					
<input type="checkbox"/> 4. A parent named on the subject's record, or a grandparent or great-grandparent of the subject					
<input type="checkbox"/> 5. Party responsible for filing the record (generally a health professional or birth attendant)					
<input type="checkbox"/> 6. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)					
<input type="checkbox"/> 7. The health care agent for the subject (health care power of attorney is required)					
<input type="checkbox"/> 8. Subject's personal representative, with sworn affidavit, if certified copy needed to administer the estate					
<input type="checkbox"/> 9. Successor of the subject, only if subject is dead and certified copy is needed to administer the estate					
<input type="checkbox"/> 10. Determination or protection of a personal or property right and proof that birth certificate is needed					
<input type="checkbox"/> 11. Adoption agency — to complete post-adoption search (Employee ID is required)					
<input type="checkbox"/> 12. Local/state/federal governmental agency (Employee ID is required)					
<input type="checkbox"/> 13. Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy					
<input type="checkbox"/> 14. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)					
<i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i>					
<input type="checkbox"/> 15. Parent named on the subject's record					
<input type="checkbox"/> 16. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)					
<input type="checkbox"/> 17. The subject, when 16 years or older					
<input type="checkbox"/> 18. The Minnesota Department of Human Services, under certain circumstances					
<input type="checkbox"/> 19. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate					
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's signature				Notary Stamp/Seal	
Signed or attested before me on: _____ day of _____, 20_____					
Notary public signature			My commission expires		