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 – Street	Apt/Unit #	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 my MN statutes, 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	
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 Statutes, section 144.227 and section 609.02, subdivision 3 and 4).