



## MINNESOTA BIRTH ATTENDANT'S AFFIDAVIT

*Complete and submit this form with a Documentation of Birth form to file a birth registration for a birth that occurred in Minnesota but did not occur in a hospital or to file a delayed birth registration. The information provided below must be consistent with the information provided on the Documentation of Birth form.*

### INFORMATION ABOUT THE CHILD AND PARENTS (Please type or print legibly.)

|                     |     |      |                   |                           |             |                 |
|---------------------|-----|------|-------------------|---------------------------|-------------|-----------------|
| CHILD'S FIRST NAME  |     |      | MIDDLE NAME       |                           | LAST NAME   |                 |
| DATE OF BIRTH       |     |      | LOCATION OF BIRTH |                           |             |                 |
| MONTH               | DAY | YEAR | SEX               | CITY or TOWNSHIP OF BIRTH |             | COUNTY OF BIRTH |
| MOTHER'S FIRST NAME |     |      | MIDDLE NAME       |                           | MAIDEN NAME |                 |
| FATHER'S FIRST NAME |     |      | MIDDLE NAME       |                           | LAST NAME   |                 |

### INFORMATION ABOUT THE BIRTH ATTENDANT (Please type or print legibly.)

|   |  |                     |  |           |              |
|---|--|---------------------|--|-----------|--------------|
| ATTENDANT'S FIRST NAME  |  | MIDDLE NAME/INITIAL |  | LAST NAME |              |
| ATTENDANT'S TITLE or RELATIONSHIP TO THE CHILD                              |  |                     |  |           |              |
| STREET ADDRESS (No Post Office Box Numbers Without a Street Address Please) |  |                     |  |           |              |
| CITY  |  | STATE               |  | ZIP       | PHONE NUMBER |

**ATTESTATION:** I attest that the mother of the child named above was pregnant, delivered a child born alive, and was present in Minnesota on the date of the birth.

**PENALTIES:** Any person who intentionally makes a false statement in a birth registration or who intentionally supplies false information intending that the information be used in a birth registration is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

**INFORMATION REQUIRED:** The information requested on this application is required by Minnesota Statutes, section 144.215, and Minnesota Rules, part 4601.0600. I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Birth Attendant's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

|  |      |
|--|------|
| <b>Signature must be notarized if applying by mail or fax.</b> |      |
| Signed or attested before me on (date): _____                  | SEAL |
| Signature of Notary Public: _____                              |      |
| My commission expires (date): _____                            |      |