

**MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE**

**This application must be notarized or signed in the presence of a registrar.**

<b>BIRTH INFORMATION</b>	<b>FIRST</b>		<b>MIDDLE</b>		<b>LAST (name on birth record)</b>
	<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>	<b>SEX</b>	<b>CITY and COUNTY OF BIRTH</b>
	<b>MOTHER'S FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>MAIDEN NAME</b>
	<b>FATHER'S FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>LAST NAME</b>

- \$13.00 First certified record**
- \$ 7.00 Each additional copy of the same record issued at the same time**

1. I am the:
  - subject
  - child of the subject
  - spouse of subject
  - parent of subject
  - grandparent of the subject
  - grandchild of the subject
2.  I am the party responsible for filing the birth record.
3.  I am the legal custodian, guardian or conservator of the subject. **(Must present legal documentation)**
4.  I am a personal representative and the certified copy is required for the administration of the estate.
5.  I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6.  I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
7.  I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
8.  I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
9.  I am an attorney and my attorney license number is \_\_\_\_\_.
10.  I am presenting your office with a court order issued by a court of competent jurisdiction.
11.  I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application)**

**PENALTIES:**

Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes section 144.227).

<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION</b>			
Your Name (please print)			
I certify that the information provided on this application is accurate and complete to the best of my knowledge.			Date of Birth
Your Signature			Date / /
Your Address			Daytime Phone
	(City)	(State)	(Zip)

<b>Signature must be notarized if applying by mail or fax.</b>	<i>For Administrative Use Only</i>
Subscribed and sworn before me this _____ day of _____, 20____ (Seal)	ID Viewed _____
_____. My commission expires: _____	Initials _____

