

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 – the requester

Name			Date of birth (MM/DD/YYYY)	Daytime phone (XXX-XXX-XXXX)	
Mailing address – Street <small>(United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)</small>			Apt/Unit #	Email	
			City		State

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 - 19 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 makes it public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 20 - 24.

MANDATORY — Check the boxes below that describe your relationship to the subject of the record:

Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)

- 1. A parent named on the subject's record
- 2. A grandparent of the subject
- 3. A great-grandparent of the subject
- 4. A child of the subject
- 5. A grandchild of the subject
- 6. A great-grandchild of the subject
- 7. Spouse of the subject (You must be the current spouse)
- 8. The subject of the vital record (I am requesting my own birth record)
- 9. Party responsible for filing the record (generally a health professional or birth attendant)
- 10. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
- 11. The health care agent for the subject (health care power of attorney is required)
- 12. Subject's personal representative; a certified copy is needed to administer the estate
- 13. Successor of the subject (subject is dead); the certified copy is needed to administer the estate
- 14. Determination or protection of a personal or property right and proof that birth certificate is needed
- 15. Adoption agency — to complete post-adoption search (Employee ID is required)
- 16. Local/state/federal governmental agency (Employee ID is required)
- 17. Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy
- 18. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate
- 19. Authorized representative listed in 1-18 above (a signed statement from the person authorizing release to you is required)

Birth certificates available only under the conditions or to the persons named below (Confidential records)

- 20. Parent named on the subject's record
- 21. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
- 22. The subject, when 16 years or older
- 23. Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required)
- 24. Pursuant to a valid, certified copy of a U.S. court order (**not** a subpoena) releasing the certificate

Person completing this application - the requester:				
Signature and Notary (application must be signed in front of a notary if applying by mail or fax)				
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>				
<i>If I am not eligible to receive the certificate I requested, the Minnesota Department of Health (MDH) will contact me. I give MDH permission to apply my payment to a follow up application.</i>				
Requester's signature		Notary Stamp/Seal		
Signed or attested before me on: _____ day of _____, 20_____				
Notary public signature	My commission expires			
Request and Payment Information		Request	Fee	Total
Do you want rush <i>processing</i> , OR rush <i>delivery</i> , OR both? Order below				
One birth certificate sent by First Class Mail®.		1	\$26	\$26
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?			\$19 each	
<ul style="list-style-type: none"> I want rush <i>processing</i>. (Sent by First Class Mail® unless I choose rush delivery below.) 			\$20	
<ul style="list-style-type: none"> I want rush <i>delivery</i>. (Sent by United Parcel Service (UPS) Next Business Day. Rush delivery requests are processed in the order received unless I choose rush processing above.) 			\$16	
For rush delivery, check here <input type="checkbox"/> to require a signature. The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.				
NOTICE: Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>			Total amount due:	
			Amount must be at least \$26.	
Type of payment	<input type="checkbox"/> Credit card MasterCard/VISA/Discover	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Money order Money order # _____	
	Enter card information below	Make check or money order payable to the Minnesota Department of Health and send by mail with application Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>		
Cardholder name		Card number		
3-digit security code		Expiration date		
Send application and payment to the Office of Vital Records or a County Vital Records Office: If you have questions, please contact health.vitalrecords@state.mn.us or call 651-201-5970.				
Office of Vital Records Mail application and check or money order to: Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499 FAX application and credit card information to: FAX – 651-201-5740		<u>County Vital Records Offices Contact Information</u> http://www.health.state.mn.us/divs/chs/osr/registrars.html <i>If you submit this application to a county vital records office, rush shipment may not be an option. Not all forms of payment may be accepted. Call the county vital records office before submitting your application to confirm payment and shipping options.</i>		