



## MINNESOTA BIRTH RECORD APPLICATION

For Application by a Representative of the Minnesota Department of Human Services

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

**Request:** I am requesting:

- \$26.00 Certified Birth Certificate. I am a representative of a local, state, or federal government agency and am authorized to obtain a certified birth certificate according to Minnesota Statutes, section 144.225, subdivision 7. **Your signature must be notarized or the application must be signed in the presence of a registrar to receive a certified birth certificate.**
- \$13.00 a Non-Certified Copy of the Civil Registration Information on the birth record (available for all births that occurred during 1900 or later, must obtain from the county of birth)
- \$13.00 a non-Certified Copy of the Civil Registration and Health Information on the birth record (limited to births that occurred during 2001 or later)
- \$ 9.00 Verification of Birth

**Public, Private, or Confidential Records:** If the birth occurred to parents who were married or if an unmarried mother designated the record as public, the birth record (but not the health data) is classified as public data. If the birth occurred to parents who were not married and the mother did not designate the record as public, the record is confidential and release of the record is restricted according to Minnesota Statutes, section 144.225, subdivision 2. All health data associated with birth records are private and release of the health data is restricted according to Minnesota Statutes, section 144.225, subdivision 2a. **Your signature must be notarized or the application must be signed in the presence of a registrar to gain access to a private or confidential record. If you are requesting private or confidential information, you must complete the following:**

I am a representative of the Minnesota Department of Human Services who needs access to the requested confidential or private information under Minnesota Statutes, section 144.225, for (check one):

- to obtain a birth certificate for a child under the guardianship of the Department of Human Services
- the purposes of administering medical assistance, general assistance medical care, or the Minnesota Care program
- child support enforcement purposes
- for child protection
- other public health purposes as determined by the commissioner of health

(specify purpose: \_\_\_\_\_)

**Data Classification/Penalties:** Private or confidential data provided to state or local government agencies shall retain the private or confidential data classification (Minnesota Statutes, section 13.03, subdivision 4, paragraph c). Anyone who willfully releases private or confidential data to an unauthorized person is guilty of a misdemeanor, and a public employee who commits this violation is subject to suspension without pay or dismissal (Minnesota Statutes, section 13.09). Any person who intentionally makes false application for a certified vital record is guilty of a misdemeanor. Any person who willfully and knowingly obtains a vital record without lawful authority and with intent to deceive is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION					
Your Name (please print)		Name of Agency			
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)	
Signature must be notarized if applying by mail or fax.				<i>For Administrative Use Only</i>	
Subscribed and sworn before me this _____ day of _____, 20____ (Seal)				ID Viewed _____	
_____ My commission expires: _____				Initials _____	