



## INSTRUCTIONS FOR COMPLETING MINNESOTA CERTIFICATE OF BIRTH APPLICATION

Use this application only if you want a legal certified copy of a birth record.

### PART I: Birth Record Information

- Make sure all boxes are complete to the best of your knowledge.
- If you do not know information, please write "unknown." However, if we are not able to positively identify the birth record, we will return the application to you for more information or issue a certified copy of No Birth Record Found.
- If you are adopted and want a copy of your current, legal birth record, please use your adopted name and adopted parents' names.
- If you are requesting certificates for more than one birth record, you must complete a separate application for each record.

### PART II: Tangible Interest

- Minnesota law requires an individual to have "tangible interest" to obtain a birth certificate.
- You must check one of the relationships listed in this section and you cannot add a relationship not on the list.
- You must attach documentation to prove your relationship to the subject when required.

### PART III: Fee and Payment Information

- Please make your check or money order payable to **Minnesota Department of Health**. Fees are nonrefundable per Minnesota Statutes, section 144.226, subdivision 1.
- The expedite fee is an optional fee in addition to the birth certificate fee. Requesting expedited service will place your request ahead of non-expedited requests. This fee does not include Federal Express delivery.
- The Federal Express delivery fee is an optional fee in addition to the birth certificate fee. Requesting this service does not expedite the processing time for your request. It only applies to the method of delivery. Please check the box indicated if you want Federal Express to require a signature for receipt. **If you are requesting certificates for multiple birth records, only one Federal Express delivery fee is required.**

### PART IV: Requester and Notary Information

- The requester is the person applying for the certificate, not the subject of the birth record.
- The requester's date of birth is required to process the application.
- If you do not have a phone number or email address, please write "none."
- You must sign the application in front of a notary public and the notary must provide a signing date.
- The notary's stamp or seal (if required in your state) must be readable on the application. If you fax the application, please shade a notary's impressed seal so it is visible.

Mail application and fees to:  
**Minnesota Department of Health**  
**Central Cashiering – Vital Records**  
**PO Box 64499**  
**St. Paul, MN 55164-0499**

**OR**

Fax application and credit card  
information to:  
**651-201-5740**



# MINNESOTA CERTIFICATE OF BIRTH APPLICATION

This application must be signed in front of a notary public.  
If boxes are left blank the application may be returned.

## PART I: Birth Record Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	SEX	CITY & COUNTY OF BIRTH
MOTHER'S FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME

## PART II: What is your relationship to the subject (tangible interest)? You must check one category.

- I am the subject
- I am the child of the subject
- I am the spouse of the subject
- I am the parent listed on the record
- 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.e. hospital, midwife, birth attendant)
- I am the legal custodian, guardian or conservator of the subject **(you must submit a certified copy of a court order showing this relationship)**
- I am the health care agent of the subject **(you must submit documentation showing this relationship)**
- I am a personal representative and the certified copy is required for the administration of the estate **(please submit documentation showing this relationship)**
- 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 **(please submit 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 **(please submit a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

PURPOSE FOR YOUR REQUEST

