



**Statement to Identify
Certified Birth or Death Certificate Applicant**

Minnesota Rules, part 4601.2600, subpart 6, require completion of this statement by a witness that has known the applicant for at least two years.

| Witness Information (Please Print) | | | |
|--|------------------------|---------------------------|---------------------|
| First Name | Middle Name or Initial | Last Name | |
| | | | |
| Street Address | | | |
| | | | |
| City | State | Zip code | |
| | | | |
| Ten Digit Phone Number | Date of Birth | Relationship to Applicant | |
| | | | |
| Applicant Information (Please Print) | | | |
| First Name | Middle Name or Initial | Last Name | Date of Birth |
| | | | |
| Name on the Birth/Death Record Requested (Please Print) | | | |
| First Name | Middle Name | Last Name | Date of Birth/Death |
| | | | |

I have known the applicant named under Applicant Information for _____ years and solemnly swear or affirm that he/she is the person presenting the application for a certified birth/death certificate for the person named under Name on the Birth/Death Record Requested.

Sign in the presence of a registrar or notary and present government issued photo identification. If the witness cannot accompany the applicant to the registrar's office or if applying by mail or fax, the signature of the witness must be notarized.

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both. (Minnesota Statutes section 144.227 and section 609.02, subdivision 3 and 4).

| | |
|--|--------------|
| Witness Signature: | Date: |
| Subscribed and sworn to before me this _____ day | |
| of _____, 20_____ | |
| _____ | (Seal) |
| My Commission Expires _____ | |

