

You are required to provide the information requested on this form and pay the required fees to obtain a birth certificate.

If we cannot locate the record with the information you provide, we will send you a certified "Statement of No Birth Record Found".

It is unlawful 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.*

A. Information to locate the requested birth record						<i>Minnesota Rules, part 4601.2600, subpart 2</i>		
Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name		Name suffix	
	Date of birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth		Minnesota county of birth		State of birth MN	
Parents	Parent one first name		Parent one middle name	Parent one last name		Last name before 1 st marriage		Name suffix
	Parent two first name		Parent two middle name	Parent two last name		Last name before 1 st marriage		Name suffix
B. Requester - person completing this application						<i>Minnesota Rules, part 4601.2600, subpart 3</i>		
Requester	Requester full name				Date of birth (MM/DD/YYYY)		Daytime phone (XXX-XXX-XXXX)	
	Requester mailing address – street (United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)				Apt/Unit #		Email	
					City		State	ZIP
C. MANDATORY — Check the boxes below that describe your relationship to the subject of the record:								
<p>Marital status is important. Records of children born to married parents are “public”. That means that the certificate is available to those listed in items 1 – 19 below. Records of children born to single mothers are “confidential” unless the mother chooses to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed below in items 20– 24. <i>Minnesota Statutes, section 144.225, subdivisions 2 and 7.</i></p>								
Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)								
<p>1. <input type="checkbox"/> A parent named on the subject’s record 2. <input type="checkbox"/> A grandparent of the subject 3. <input type="checkbox"/> A great-grandparent of the subject 4. <input type="checkbox"/> A child of the subject 5. <input type="checkbox"/> A grandchild of the subject 6. <input type="checkbox"/> A great-grandchild of the subject 7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse) 8. <input type="checkbox"/> I am requesting my own birth record 9. <input type="checkbox"/> Party responsible for filing the record (generally a health professional or birth attendant) 10. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) 11. <input type="checkbox"/> The health care agent for the subject (health care power of attorney is required) 12. <input type="checkbox"/> Subject’s personal representative; a certified copy is needed to administer the estate 13. <input type="checkbox"/> Successor of the subject (subject is dead); the certified copy is needed to administer the estate 14. <input type="checkbox"/> Determination or protection of a personal or property right and proof that birth certificate is needed 15. <input type="checkbox"/> Adoption agency — to complete post-adoption search (Employee ID is required) 16. <input type="checkbox"/> Local/state/tribal or federal governmental agency (Employee ID is required) 17. <input type="checkbox"/> Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy 18. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate 19. <input type="checkbox"/> I have a signed statement from a person above; it specifies the subject’s full name, date of birth, parents’ names, the signer’s relationship to the subject of the record and it authorizes me to obtain the certificate.</p>								
Birth certificates available only under the conditions or to the persons named below (Confidential records)								
<p>20. <input type="checkbox"/> Parent named on the subject’s record 21. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) 22. <input type="checkbox"/> The subject, when 16 years or older 23. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, and tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (Employee ID is required) 24. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate</p>								

Person completing this application - the requester:

D. Requester's signature and signature of notary public

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester's signature (Signature must match the name of the requester on page one)	Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20_____	
Printed name of notary public	
Notary public signature	
My commission expires	

E. How many birth certificates do you want?	Fee	Subtotals
One certified birth certificate	\$26	\$26
Additional copies are \$19 each <i>if you buy them at the same time as one purchased at \$26.</i>	\$19 each	
# of additional copies		

How many VA birth certificates do you want? *Minnesota Statutes, section 197.63, subdivision 1*

VA birth certificates are for Veterans Affairs related purposes only	# VA certificates	\$0
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F. How do you want your request processed?	Fee	Choose processing
Standard – request processed in the order received	\$0	
Faster – your request goes ahead of standard requests (Does not include UPS delivery)	\$20	

G. How do you want the certificates delivered to you?	Fee	Choose delivery
Regular First Class Mail®	\$0	
United Parcel Service (UPS)	\$16	

For UPS delivery, check here 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. If you want ups delivery to an address outside of the United States, you must include a UPS prepaid envelope when you submit your application and fees.

	Payment due:	Amount due
The amount you pay must cover the certificates and services you requested.		

H. How do you want to pay? *Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.*

<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code

<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Money order Money order # _____	<p>Make check or money order payable to the Minnesota Department of Health and send by mail with application. DO NOT SEND CASH.</p> <p>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></p>
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I. Send your application, check, money order, or credit card information

By mail (Do not send cash)
 Minnesota Department of Health
 Office of Vital Records
 PO Box 64499
 St. Paul MN 55164-0499

The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application.

By FAX
 Application with credit card information only
 651-201-5740

If you have questions, please contact health.vitalrecords@state.mn.us or call 651-201-5970.