



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE
 This application must be notarized or signed in the presence of a registrar.

BIRTH RECORD	SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD
	BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME
	FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME

___ \$26.00 First certified record (Fee increase effective 7/1/2010)

___ \$19.00 Each additional copy of the same record issued at the same time (Fee increase effective 7/1/2010)

PLEASE SELECT ONE OF ITEMS 1 -11

1. I am the:

<input type="checkbox"/> subject	<input type="checkbox"/> child of the subject	<input type="checkbox"/> spouse of subject
<input type="checkbox"/> parent of subject	<input type="checkbox"/> grandparent of the subject	<input type="checkbox"/> grandchild of the subject
2. I am the party responsible for filing the birth record.
3. I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order.)**
4. I am a personal representative and the certified copy is required for the administration of the estate.
5. I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6. I am a designated health care agent by power of attorney. **(Must enclose notarized power of attorney.)**
7. I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
8. I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
9. I am an attorney and my attorney license number is _____.
10. I am presenting your office with a court order issued by a court of competent jurisdiction.
11. I am a representative authorized by a person under items #1-10.
(Must have a notarized statement in addition to the application)

PERSON COMPLETING FORM	FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
	STREET ADDRESS (No Post Office Box Numbers Without a Street Address Please)			
	CITY	STATE	ZIP	PHONE NUMBER

PENALTIES: Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes section 144.227).

INFORMATION REQUIRED: The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

★ **SIGNATURE:**

★ **TODAY'S DATE:**

Signature must be notarized if applying by mail or fax.		SEAL	FOR ADMINISTRATIVE USE ONLY	
Signed or attested before me on (date):			ID Viewed:	
Signature of Notary Public:			DL/ID#:	
My commission expires (date):			Initials:	
Customer Viewed Initials:	Staff Viewed Initials:	Security Paper #:		