



## MINNESOTA CERTIFICATE OF BIRTH APPLICATION

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

**Make sure all boxes are complete or your 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: Requester Information		
NAME (PLEASE PRINT)		DATE OF BIRTH
MAILING ADDRESS (Federal Express will not deliver to P.O. boxes or A.P.O addresses)		
CITY	STATE	ZIP
DAYTIME PHONE		EMAIL

PART III: What is your relationship to the subject of the record (tangible interest)? You must check one.		
<input type="checkbox"/> I am the subject of the record	<input type="checkbox"/> I am the child of the subject	<input type="checkbox"/> I am the spouse of the subject
<input type="checkbox"/> I am a parent listed on the record	<input type="checkbox"/> I am the grandparent of the subject	<input type="checkbox"/> I am the grandchild of the subject
<input type="checkbox"/> I am the party responsible for filing the birth record		
<input type="checkbox"/> I am the legal custodian, guardian or conservator of the subject <b>(you must submit a certified copy of a court order showing this relationship)</b>		
<input type="checkbox"/> I am the health care agent of the subject <b>(you must submit a health care agent power of attorney)</b>		
<input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate <b>(you must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate)</b>		
<input type="checkbox"/> I am a successor of the subject as defined by MN statutes, section 524.1-201, and the subject is deceased <b>(you must include a sworn affidavit of the fact that the certified copy is required for administration of the estate)</b>		
<input type="checkbox"/> I have documentation that the record is necessary for the determination or protection of personal or property rights <b>(you must submit documentation showing this relationship)</b>		
<input type="checkbox"/> 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)		
<input type="checkbox"/> I am an attorney and I have attached proof of my licensure		
<input type="checkbox"/> I am presenting your office with a court order issued by a court of competent jurisdiction <b>(this must be a certified copy)</b>		
<input type="checkbox"/> 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)		
<input type="checkbox"/> I am a representative authorized by a person listed on the birth record <b>(you must submit a notarized statement from a person listed on the birth record)</b>		

PURPOSE FOR YOUR REQUEST (optional)
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<b>PART IV: Notarized Signature (Requester must sign application in front of a notary if applying by mail or fax)</b>
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>

REQUESTER'S SIGNATURE	
Signed or attested before me on: _____ day of _____, 20_____	NOTARY STAMP/SEAL
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES:	

**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).

If you have questions, please contact us at [health.issuance@state.mn.us](mailto:health.issuance@state.mn.us)