



MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

If fields are incomplete the application may not be processed

If you have questions, please e-mail osr1@health.state.mn.us or call 651-201-5970

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

What is your relationship to the subject?

CHECK ONLY ONE (1) BOX!!!

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 listed on the record	<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 can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar.)**
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.) Must be mailed in.**

Purpose for your request:

APPLICANT	APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
	CERTIFICATE MAILING STREET ADDRESS (No Post Office Box Numbers Without a Street Address)			
	CITY	STATE	ZIP	DAYTIME PHONE NUMBER
	E-MAIL ADDRESS			

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

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).

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

Applicant's Signature: **X**

Date: **X**

Please attach a copy of your valid Driver's license or State issued Identification card.

Signature MUST be notarized if applying by mail or fax.

Signed or attested before me on (date): _____

Signature of Notary Public: _____

My commission expires (date): _____

For Administrative Use only

I.D. viewed:

Initials:

