

# Birth Certificate Application

Complete this form to order a certified copy of a Minnesota birth certificate.

You must fill in the information we ask for on this form. We need the information to find the correct birth record and to make sure that you may receive the certificate. If we cannot find the birth record you asked for, we will send you a certified "Statement of No Birth Record Found". *Minnesota Rules, part 4601.2600*

Section A Information to find 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 <b>MN</b>	
Parents	Parent one first name		Parent one middle name		Parent one last name		Last name before 1st marriage	Name suffix
	Parent two first name		Parent two middle name		Parent two last name		Last name before 1st marriage	Name suffix

Section 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 (10-digit)	
	Requester mailing address – street				Apt/Unit #	City		State

**Section C MANDATORY — Check the boxes below that describe your relationship to the subject of the record:**

**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 – 18 below. Records of children born to single mothers are "confidential" unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19 – 23 may obtain confidential birth certificates. *Minnesota Statutes, section 144.225, subdivisions 2 and 7.*

- "Public" birth records are available to individuals who meet any of the legal requirements in items 1-18**
1.  A parent named on the subject's record
  2.  A grandparent of the subject
  3.  A great grandparent of the subject
  4.  A child of the subject
  5.  A grandchild of the subject
  6.  A great-grandchild of the subject
  7.  Spouse of the subject (You must be the current spouse)
  8.  I am the subject; I am requesting my own birth record
  9.  The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you)
  10.  The health care agent for the subject (we need a valid "health care power of attorney" document)
  11.  Subject's personal representative (we need a notarized statement that says you need the birth certificate to administer the estate)
  12.  Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)
  13.  Proof that you need a birth certificate for the determination or protection of a personal or property right
  14.  Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)
  15.  Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record).
  16.  Attorney – I represent the subject, or a person listed in items 1-14 above. **If you are a NON-Minnesota attorney, attach a copy of your attorney license.**  
My Minnesota Attorney License Number is: \_\_\_\_\_
  17.  Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate
  18.  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.

- "Confidential" birth records are available only under the conditions, or to the person, in items 19-23**
19.  Parent named on the subject's record
  20.  The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)
  21.  The subject, when 16 years old or older
  22.  Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and, tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID)
  23.  Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

**Signature and Notary (application must be signed in front of a notary if applying by mail or fax)**

**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)

**X** **Date**

Person completing this application - the requester:

**Signature and Notary (application must be signed in front of a notary if applying by mail or fax)**
*I certify that the information provided on this application is accurate and complete to the best of my knowledge.*
*If I am not eligible to receive the certificate I requested, the Minnesota Department of Health (MDH) will contact me. I give MDH permission to apply my payment to a follow up application.*

Signed or attested before me on: _____ day of _____, 20_____		Notary Stamp/Seal
Notary public signature	My commission expires	

**Request and Payment Information**

Item	Number requested	Fee per item	Total
One birth certificate	1	\$26	<b>\$26</b>
Additional certificate(s) for the same birth record <b>(optional)</b>		\$19 each	
<b>Total amount submitted:</b> <b>(This amount must be at least \$26.)</b>			

**How do you want to pay?**

<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover (additional fee of \$1.50 applies)	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code
<input type="checkbox"/> <b>Check</b> _____ Check # _____	<b>Make check or money order payable to:</b> <b>Stevens County Recorder</b> <b>DO NOT SEND CASH.</b>  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>	
<input type="checkbox"/> <b>Money order</b>  Money order # _____		

**Send your application and payment by mail to:**
**Stevens County Recorder's Office**  
**400 Colorado Avenue, Suite 305**  
**Morris, MN 56267**

If you have questions, please contact us at 320.208.6565