



Birth Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

Birth Record Information		
First Name	Middle Name	Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	City and County of Birth
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name

Requester Information				
Name			Date of Birth	
Mailing Address – Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

What is your relationship to the subject of the record (tangible interest)? You must check one.

- I am the subject of the record
- I am the parent
- I am the party responsible for filing the birth record
- I am the legal custodian, guardian or conservator of the subject **(you must include a certified copy of a court order showing this relationship)**
- I am the health care agent of the subject **(you must include the health care agent power of attorney)**
- I am a personal representative and the certified copy is required for the administration of the estate
- I am a successor of the subject as defined by MN statutes, section 524.1-201, and the subject is deceased
- I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation showing this relationship)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search **(you must include a copy of your employee ID)**
- I am an attorney and I have attached proof of my licensure
- I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties **(you must include a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must include a notarized statement from a person listed above)**

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

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

Requester 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).



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Requester Name:

Fee and Payment Information

Item	Number requested	Fee per item	Total
One birth certificate	1	\$26	\$26
Additional certificate(s) for the same birth record (optional)		\$19 each	
Federal Express delivery (optional) – This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want Federal Express to require a signature for receipt. If you do not check this box, no signature will be required. Federal Express will not deliver to P.O. boxes or A.P.O. addresses.		\$16	
Total amount submitted or to be charged to credit card: (This amount must be at least \$26.)			

Type of payment: Credit Card Money order Check

If paying by credit card (MasterCard/VISA/Discover):

Name on card	Card number	Expiration date	3-digit security code
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If paying by check or money order (make payable to Minnesota Department of Health):

Check/money order number

Due to high administrative costs, we are unable to issue refunds for overpayment. Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Send application and payment:

By FAX to 651-201-5740 By EMAIL to health.issuance@state.mn.us

By MAIL to:
Minnesota Department of Health
Central Cashiering – Vital Records
PO Box 64499
St. Paul, MN 55164-0499

If you have questions, please contact us at health.issuance@state.mn.us.

If you submit this application to a local issuance office, Federal Express delivery may not be an option. All payment types may not be accepted. Call the local issuance office before sending your application to confirm payment types and return mail options.