



MINNESOTA BIRTH RECORD APPLICATION – CERTIFICATE OF BIRTH

This application must be signed in the presence of a notary public.

If boxes are incomplete the application may not be processed.

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

PART I: Name on Birth Record					
FIRST NAME		MIDDLE NAME		LAST NAME	
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	

PART II: What is your relationship to the subject? (Please check only ONE.)	
<input type="checkbox"/> I am the subject.	<input type="checkbox"/> I am the parent listed on the record.
<input type="checkbox"/> I am the child of the subject.	<input type="checkbox"/> I am the grandparent of the subject.
<input type="checkbox"/> I am the spouse of 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. (Must present certified copy of court order.)	
<input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate.	
<input type="checkbox"/> I have documentation that the record is necessary for the determination or protection of personal or property rights.	
<input type="checkbox"/> I am a designated health care agent by power of attorney. (Must enclose notarized power of attorney.)	
<input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search.	
<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.	
<input type="checkbox"/> I represent a local, state, or federal governmental agency and the vital record is necessary for the governmental agency to perform its authorized duties.	
<input type="checkbox"/> I am a representative authorized by a person listed above. (Must enclose a notarized statement.)	

PURPOSE FOR YOUR REQUEST:

PART III: Person applying:			
APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
MAILING STREET ADDRESS (If using a Post Office Box Number you must include 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.
***** You MUST sign and date this before a notary public. *****

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

SIGNATURE OF NOTARY PUBLIC:	DATE:
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MY COMMISSION EXPIRES:	NOTARY STAMP/SEAL:
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Certificate of Birth Fee Worksheet

FEE INFORMATION				
Print name of person applying as it appears on the application:		FIRST	MIDDLE	LAST
Number Requested	Item	Fee for each	Total	
	Per certificate for each birth record	\$16	\$	
	Additional fee for same certificate in the same order	\$9	\$	
	<p>Optional - An expedite fee is an additional per-record fee that will place your application ahead of other applications.</p> <p>The expedite fee DOES NOT replace the \$16 per record fee.</p> <p>An expedite fee DOES NOT include Federal Express or other special mailing fees.</p>	\$20	\$	
	<p>Optional - Federal Express Mail Service is \$16 for most deliveries. Higher rates apply to:</p> <ul style="list-style-type: none"> • Saturday delivery • International service • Alaska and Hawaii deliveries <p>(please call Fed Ex for the special fee prior to sending application)</p>	\$16 (per order only)	\$	
Total amount included:			\$	
Please mark form of payment:	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Credit Card	

Mail the completed, signed and notarized application form, birth certificate fee worksheet, copy of your valid driver's license or state issued ID, and check, credit card information, or money order to:

Minnesota Department of Health
Central Cashiering - Vital Records
PO Box 64499
St. Paul MN 55164-0499

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 for non-payment.

OR

Fax the completed form, birth certificate fee worksheet, credit card (Mastercard, VISA and Discover Card) number, three digit security code, and expiration date to 651-291-0101.

Credit Card Users: Please print clearly
Credit card number:
Expiration date:
Three digit security code on back of card:

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



Instructions for Completing the Application for a Birth Certificate and Fee Worksheet

Ordering a certificate of birth from the Office of the State Registrar:

- **Minnesota has a standard certificate that contains the following information:** child's name, date of birth, sex, city of birth, parents' names and parents' birth places.
- Minnesota no longer has a "long" form or photocopy certificate. However, you can request a non-certified copy of a birth record that gives you more information about the birth.
- The office of the State Registrar does not issue apostilles. You may request an apostille from the Minnesota Secretary of State's office.
- A separate application must be completed for each individual's birth record.
- Your application could be returned for more information if boxes are left incomplete.

Part 1

- Please make sure that all boxes are complete to the best of your knowledge.
- If we cannot positively identify the birth record, you will receive a notice that there is not a registration.
- If adopted, use your adoptive name and adoptive parents' names.

Part II

- You must check **only one** of the relationships in this section.
- If you are the subject and your parents were not married at the time of your birth, you must be 16 to obtain your certificate.
- The parties responsible for filing the birth record are:
 - Hospital
 - Midwife
 - Parent if child is born at home without a midwife.
- Please attach additional documentation of proof when requested on the application. (Example: Court ordered custody)

Part III

- **The person listed in part III is the person applying for the certificate.**
- If you do not have a phone or email address, please enter "none" in that box.
- You must sign the application in the presence of a notary.
- Your signed date and the notary date must be the same.
- The notary stamp must be clear on the application unless your state does not provide a notary stamp or seal.

Attach a fee worksheet for each separate order.

If the certificate is to be mailed outside of the continental US or to Hawaii or Alaska, and FED Ex service is being used, please contact FED EX for correct fees before mailing the application.

- **There is an additional fee for the same certificate ordered in the same order of \$9.**
- Mail or fax your application, fee sheet and payment to our office according to the instructions on the fee worksheet.

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