



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 (submit a certified copy of a court order showing this relationship) <input type="checkbox"/> I am the health care agent of the subject (you must submit a health care agent power of attorney) <input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate (you must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate) <input type="checkbox"/> I am a successor of the subject as defined my MN statutes, section 524.1-201, and the subject is deceased (you must include a sworn affidavit of the fact that the certified copy is required for 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 (you must submit documentation showing this relationship) <input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search (you must 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 (this must be a certified copy) <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 above (you must submit a notarized statement from a person listed above)		
PURPOSE FOR YOUR REQUEST (optional)		
PART IV: Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)		
<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.



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REQUESTER'S NAME:

PART V: Fee and Payment Information

Item	Number requested	Fee per item	Total
One birth certificate	1	\$26	\$26
Additional birth certificate(s) for the same person (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	
Expedited processing (optional) This is an <u>additional</u> fee that will place this request ahead of non-expedited requests. This option does not include Federal Express delivery.		\$20	
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: _____

3 digit security code on back of card: _____ Expiration date: _____

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.

FAX application and credit card information to 651-201-5750

MAIL application and credit card information or check/money order to:

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

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 services available.

MINNESOTA CERTIFICATE OF BIRTH APPLICATIONS SUBMITTED TO ROCK COUNTY:

TYPE OF PAYMENT: _____ MONEY ORDER _____ CHECK

IF PAYING BY CHECK OR MONEY ORDER, MAKE PAYABLE TO:
ROCK COUNTY LAND RECORDS

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.

MAIL APPLICATION AND CHECK/MONEY ORDER TO:
ROCK COUNTY LAND RECORDS
RECORDING DIVISION
P O BOX 509
LIVERNE MN 56156-0509
PHYSICAL ADDRESS: 204 E. BROWN ST.

IF EXPRESS MAIL IS NEEDED, PLEASE FURNISH POSTAGE PAID ENVELOPE WITH APPLICATION.