

Use this form to order a birth certificate for a person born in Minnesota. If we cannot find the birth record you request, we will send you a certified Statement of No Birth Record Found. *It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)*

Information to find the requested birth record *Minnesota Rules, part 4601.2600*

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 MN
Parents	Parent one first name	Parent one middle name	Parent one last name	Last name before 1 st marriage	Name suffix
	Parent two first name	Parent two middle name	Parent two last name	Last name before 1 st marriage	Name suffix

REQUIRED - Requester information *Minnesota Rules, part 4601.2600*

Requester	Requester full name		Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
	Requester mailing address – street		Apt/Unit #	Email	
			City	State	ZIP Code™

REQUIRED — Mark the boxes below that describe your relationship to the subject of the record *Minnesota Statutes 144.225*

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.

“Public” birth records are available to individuals who meet any of the legal requirements in items 1-18

1. I am the subject; I am requesting my own birth record
2. A parent named on the subject's record
3. A grandparent of the subject
4. A great grandparent of the subject
5. A child of the subject
6. A grandchild of the subject
7. A great grandchild of the subject
8. Spouse of the subject (You must be the current spouse)
9. The legal custodian, guardian, or conservator of the subject (we need a 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 who requires the birth certificate for administration of the subject's estate
12. Successor of a deceased subject who requires the birth certificate for administration of the subject's 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 government agency (we need a copy of your Employee ID) (Best Practice: wait for family to verify record)
16. Attorney - I represent the subject, or a person listed in items 1-14 above.
My Minnesota Attorney License Number is: _____ If you are a NON-Minnesota attorney, attach a copy of your attorney license.
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, 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.

Requester's signature and signature of notary public

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

Requester's signature (Requester named above must sign here)		Today's Date	Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20____			
Printed name of notary public		My commission expires	
Notary public signature			

Cash: _____ Check #: _____ DCN(s): _____ Copies: _____