

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

The law requires you to provide information to order a birth certificate, *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600*. It is against the law to provide false information to get a birth certificate. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4*.

Information to locate the requested birth record								
Subject	First name		Middle name		Last name		Suffix	
	Date of birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth		
Parents	First name		Middle name		Last name		Last name before 1 st marriage	Suffix
	First name		Middle name		Last name		Last name before 1 st marriage	Suffix
Person completing this application - the requester								
Name						Date of birth (mm/dd/yyyy)		
Mailing address – Street				Apt/Unit #	City		State	ZIP
<small>United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.</small>				Daytime phone		Email		
Information about birth certificates: Most Minnesota vital record information is public information. When a record is public, information and certificates are available to individuals who meet the legal requirements in items 1 - 14 below. Other vital record information is confidential. Data about the birth of a child to a woman who was not married to the child's father when that child was conceived or born, are confidential unless the mother makes it public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 15 - 19.								
MANDATORY — Check the boxes below that describe your relationship to the subject of the record:								
<i>Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)</i>								
<input type="checkbox"/> 1. The subject of the vital record (I am requesting my own birth record)								
<input type="checkbox"/> 2. A child, grandchild or great-grandchild of the subject								
<input type="checkbox"/> 3. Spouse of the subject (You must be the current spouse)								
<input type="checkbox"/> 4. A parent named on the subject's record, or a grandparent or great-grandparent of the subject								
<input type="checkbox"/> 5. Party responsible for filing the record (generally a health professional or birth attendant)								
<input type="checkbox"/> 6. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)								
<input type="checkbox"/> 7. The health care agent for the subject (health care power of attorney is required)								
<input type="checkbox"/> 8. Subject's personal representative, with sworn affidavit, if certified copy needed to administer the estate								
<input type="checkbox"/> 9. Successor of the subject, only if subject is dead and certified copy is needed to administer the estate								
<input type="checkbox"/> 10. Determination or protection of a personal or property right and proof that birth certificate is needed								
<input type="checkbox"/> 11. Adoption agency — to complete post-adoption search (Employee ID is required)								
<input type="checkbox"/> 12. Local/state/federal governmental agency (Employee ID is required)								
<input type="checkbox"/> 13. Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy								
<input type="checkbox"/> 14. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)								
<i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i>								
<input type="checkbox"/> 15. Parent named on the subject's record								
<input type="checkbox"/> 16. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)								
<input type="checkbox"/> 17. The subject, when 16 years or older								
<input type="checkbox"/> 18. The Minnesota Department of Human Services, under certain circumstances								
<input type="checkbox"/> 19. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate								

Person completing this application - the requester:

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.
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.

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

Request and Payment Information	Request	Fee	Total
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 Do you want rush *processing*, **OR** rush *delivery*, **OR** both? Order below

One birth certificate sent by First Class Mail®.	1	\$26	\$26
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
<ul style="list-style-type: none"> I want rush <i>processing</i>. (Sent by First Class Mail® unless I choose rush delivery below.) 		\$20	
<ul style="list-style-type: none"> I want rush <i>delivery</i>. (Sent by United Parcel Service (UPS) Next Business Day. Rush delivery requests are processed in the order received unless I choose rush processing above.) 		\$16	

For rush delivery, check here to require a signature. The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature. UPS will not deliver to PO boxes or APO addresses.

 Fees are payable at the time of application and are non-refundable, Minnesota Statutes, section 144.226. **Total amount due:**
Amount must be at least \$26.

Type of payment	<input type="checkbox"/> Credit card MasterCard/VISA/Discover	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Money order Money order # _____
	Enter card information below	Payable to Minnesota Department of Health and sent by mail with application 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>	

Cardholder name	Card number
3-digit security code	Expiration date

Send application and payment to the Office of Vital Records or your County Vital Records Office:

Office of Vital Records Mail application and check or money order to: Minnesota Department of Health Central Cashiering – Vital Records PO Box 64499 St. Paul MN 55164-0499 FAX or email application and credit card information to: FAX – 651-201-5740 Email - health.issuance@state.mn.us	County Vital Records Office <i>If you submit this application to a county vital records office, rush delivery may not be an option. Not all forms of payment may be accepted. Call the county vital records office before submitting your application to confirm payment and delivery options.</i>
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 If you have questions, please contact us at health.vitalrecords@state.mn.us or call 651-201-5970.