



**MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE**

This application must be notarized or signed in the presence of a registrar.

<b>BIRTH RECORD</b>	SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD	
	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	

- \$16.00 First certified record
- \$ 9.00 Each additional copy of the same record issued at the same time

1. I am the:
  - subject
  - child of the subject
  - spouse of subject
  - parent of subject
  - grandparent of the subject
  - grandchild of the subject
2.  I am the party responsible for filing the birth record.
3.  I am the legal custodian, guardian or conservator of the subject. **(Must present legal documentation)**
4.  I am a personal representative and the certified copy is required for the administration of the estate.
5.  I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6.  I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
7.  I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
8.  I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
9.  I am an attorney and my attorney license number is \_\_\_\_\_.
10.  I am presenting your office with a court order issued by a court of competent jurisdiction.
11.  I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application)**

<b>APPLICANT</b>	APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
	STREET ADDRESS (No Post Office Box Numbers Without a Street Address Please)			
	CITY	STATE	ZIP	PHONE NUMBER

**PENALTIES:** Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes section 144.227).

**INFORMATION REQUIRED:** The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. I certify that the information I provided on this application is accurate and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature must be notarized if applying by mail or fax.  Signed or attested before me on (date): _____  Signature of Notary Public: _____  My commission expires (date): _____	SEAL	<i>For Administrative Use Only</i>  ID Viewed: _____  Initials: _____
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Mail application and payment to : Marshall County Recorder, 208 E. Colvin Ave., Suite 7, Warren, MN 56762

Questions - call 218-745-4801