

DCN/Cert. # _____
ID Type _____
ID # _____

**COUNTY OF HENNEPIN
STATE OF MINNESOTA
BIRTH CERTIFICATE APPLICATION**

of Copies: _____ Amount: \$ _____
Initials & Emp # _____
Issue Date: _____

NAME OF CHILD: _____
First Middle Last (name on birth record)

DATE OF BIRTH _____ MM/DD/YYYY SEX OF CHILD Female Male PLACE OF BIRTH _____ City and County

PARENT'S NAME: _____
First Middle Maiden Name/Birth Name

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First Middle Maiden Name/ Birth Name

Quantity and cost - **Make checks payable to: HENNEPIN COUNTY TREASURER:**

- _____ \$26 first certified copy
- _____ \$19 each additional copy of the same record issued at the same time as the first copy
- _____ \$13 uncertified copy (**applicant's signature does NOT need to be notarized**)

Please select only one:

- I am the subject
- I am the child of subject
- I am the spouse of subject
- I am the parent listed on the record
- I am the grandparent of the subject
- I am the grandchild of subject
- I am the party responsible for filing the birth record.
- I am the legal custodian, guardian or conservator of the subject. (**must submit certified copy of court order showing relationship**)
- I am the health care agent of the subject (**you must include the health care agent power of attorney**)
- I am a personal representative and the certified copy is required for the administration of the estate.
- I am a successor of the subject as defined by MN statutes, section 524.1-201, and the subject is deceased.
- 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**)
- 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**)
- I am an attorney and I have attached proof of my licensure.
- I am presenting your office with a court order issued by a court of competent jurisdiction. (**must be a CERTIFIED copy**)
- I represent a local, state, or federal governmental agency and the vital record is necessary for the governmental agency to perform its authorized duties. (**you must submit a copy of your employee ID**)
- I am a representative authorized by a person listed above. (**must enclose a notarized statement from a person listed above.**)

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 \$3,000 or both. (MN Statutes section 144.227 and section 609.02, subdivision 3 and 4)

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION

YOUR NAME: _____ DATE OF BIRTH: _____
MM/DD/YYYY

ADDRESS: _____ City _____ State _____ Zip _____

The information requested on this application is required by MN Statutes, Section 144.225, Subdivision 7 and MN Rules, Part 4601.2600. I certify that the information provided on this application is accurate and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____ PHONE: _____

**Signature must be notarized (except for uncertified)
if applying by mail or fax**

Subscribed and sworn before me this _____ day of _____, 20____

Notary

My Commission expires: _____

SUBMIT REQUESTS BY MAIL OR FAX TO:
VITAL RECORDS
Hennepin County Government Center
300 South 6th St, Suite A025
Minneapolis MN 55487-0026
Fax # 612-348-2010

(seal)

