



Birth Certificate Application

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	Subject's first name		Subject's middle name		Subject's last name		Name suffix
	Subject's date of birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Subject's city of birth		Subject's county of birth	
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	

Person completing this application

Requester name				Requester date of birth (mm/dd/yyyy)			
Requester mailing address – Street			Apt/Unit #	City		State	ZIP
			Requester daytime phone		Requester 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 - 19 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 chooses to make the record public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 20 – 24.

MANDATORY — Check the boxes below that describe your relationship to the subject of the record:

Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)

1. A parent named on the subject's record
2. A grandparent of the subject
3. A great-grandparent of the subject
4. A child of the subject
5. A grandchild of the subject
6. A great-grandchild of the subject
7. Spouse of the subject (You must be the current spouse)
8. The subject of the vital record (I am requesting my own birth record)
9. Party responsible for filing the record (generally a health professional or birth attendant)
10. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
11. The health care agent for the subject (health care power of attorney is required)
12. Subject's personal representative; a certified copy is needed to administer the estate
13. Successor of the subject (subject is dead); the certified copy is needed to administer the estate
14. Determination or protection of a personal or property right and proof that birth certificate is needed
15. Adoption agency — to complete post-adoption search (Employee ID is required)
16. Local/state/tribal or federal governmental agency (Employee ID is required)
17. Attorney — my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix a copy
18. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate
19. Authorized representative listed in 1-18 above (a signed statement from the person authorizing release to you is required)

Birth certificates available only under the conditions or to the persons named below (Confidential records)

20. Parent named on the subject's record
21. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
22. The subject, when 16 years or older
23. Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, and tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f) (Employee ID is required)
24. Pursuant to a valid certified copy of a U.S. court order (not a subpoena) releasing the certificate

Signature and Notary (application must be signed in front of a notary if applying by mail or fax)

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

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



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Quantity and cost – make checks payable to: Hennepin County Treasurer	Quantity	Fee	Total
One birth certificate		\$26	
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
Total amount due:			

Send application and payment to Hennepin County Vital Records Office:

Vital Records Office
Hennepin County Government Center
300 South 6th St, Suite A025
Minneapolis MN 55487-0026

FAX # 612-348-2010

If you have questions, please contact us at res.vitalrecords@hennepin.us or call 612-348-8919.

Office use only

DCN/Certificate# _____	Number of copies _____	Initials _____
ID type _____	Amount \$ _____	Issue date _____
ID # _____		