

## **Noncertified Birth Record Application**

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Inf	ormation on the birth recor	ď								
Child/Subject	Child/subject first name	Child/subject middl			e name 🛛 🖓		Child/subject last name		Name suffix	
Child/9	Date of birth (MM/DD/YYYY)	□ Female City of birth □ Male			I		County of birth			
nts	Parent one first name	Parent one middle name			Parent one last name			Last name before 1st marriage		Name suffix
Parents	Parent two first name	Parent two middle name			Parent two last name		me	Last name before 1st marriage		Name suffix
Re	quester information – info	rmation a	about y	ou				L		
	Requester name									
Requester	Requester mailing address – S			Apt/Unit # Daytime phone (;		Daytime phone (xxx-xxx	-xxxx)			
Re	City			State	ZIP	En	nail			
Ma	andatory - Read the four cho	ices belov	w. Selec	t one of the	boxes.	1				
Records of children born to married parents are "public"; anyone can purchase a noncertified public birth record. Records of children born to single mothers are "confidential" unless the mother chose to make the record public at the										
time of birth. Noncertified confidential birth records are restricted to the persons listed in item three below. <ol> <li>I want an image of the paper record for a birth in 2000 or before.</li> </ol>										
2.	2. I want a printout of a birth record that includes the subject's name, date and place of birth, and the names of the subject's parents. Health information is not included.									
(Your signature does NOT need to be notarized. Please sign the application below)										
3.	Birth records of children						-		•	record public
at the time of birth. The persons listed below are eligible to purchase noncertified confidential birth records.										
	Mark one of the boxes			-	••			-		
	□ I am the subject of the record age 16 or older □ I represent Minnesota programs that administer child									
	<ul> <li>□ I am a parent named on the record</li> <li>□ I am the guardian of the subject (a certified copy of</li> <li>□ I am the guardian of the subject (a certified copy of</li> <li>□ I am the guardian of the subject (a certified copy of</li> </ul>							Services		
	a court order naming you is required) 626.556, or a tribal child support program, N								sota	
	$\Box$ I am presenting your o court order issued by a U.	ffice with		ed copy of a					(Employee ID is required	
4.	□ I want a copy of the	entire bir	th reco	rd including	health inform	atio	on (availa	able or	nly for births 2001 to pr	esent).
	Mark a box to the right: 🗌 I am the mother named on the birth record. 🛛 🗆 I am a representative of local public health.								blic health.	
You must sign this application in front of a notary.										
Signature and Notary Information										
I certify that the information provided on this application is accurate and complete to the best of my knowledge. Requester signature Notary stamp/seal										
								NULA	y stamp/scal	
Signed or attested before me on:day of, 20										
Printed name of notary public										
Notary public signature					My commissic	on ex	pires:			

**PENALTIES:** Any person, who willingly and knowingly, without authority, and with intent to deceive, obtains a vital record, is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).



## **Noncertified Birth Record Application**

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Quantity and cost – make checks payable to: Hennepin County Treasurer	Quantity	Fee	Total		
One Noncertified copy		\$13	\$ 13		
How many extra copies do you want?		\$6			
Additional copies are \$6 each at the time of this purchase					
How do you want your request processed?	Fee				
Standard – your request processed in the order received	\$0	\$0			
Faster – your request goes ahead of standard requests		\$20			
(Does not include return overnight mail delivery)					
You must pay the full amount for the noncertified records and services that you ask for. <b>Fees are due at the time of application and are non-refundable.</b> <i>Minnesota Statutes, section 144.226.</i> <b>Total due</b>					
Send application and payment to Hennepin County Vital Records Office:					
Vital Records Office Hennepin County Government Center 300 South 6 <sup>th</sup> St, MC- 026					
Minneapolis MN 55487-0026					
FAX # 612-348-2010					
If you have questions, please contact us at <u>vitalrecords@hennepin.us</u> or call 612-34	8-8919				

Office use only						
DCN/Certificate #	Number of copies	Initials				
ID type	Amount \$	Issue date				
ID#						