



# Statement to Identify

Use this form to swear to the identity of a person who is requesting a Minnesota birth or death certificate and who has no acceptable identity documents.

To request and get a Minnesota birth or death certificate, a requester must have acceptable identification (ID) and a legal right to the certificate. If the requester does not have an acceptable ID, someone who has known the requester for at least two years must confirm the requester's identity. *Minnesota Rules, part 4601.2600, subparts 6 and 7.*

**It is against the law** to provide false information to obtain a certified vital record. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

**Witness information – person who has known the 'Requester' for two or more years (Please print)**

Witness first name	Witness middle name	Witness last name
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Witness home or business street address
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Witness city	Witness state	Witness ZIP
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Witness phone number (xxx-xxx-xxxx)	Witness email address	Witness date of birth mm/dd/yyyy
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How do you know the requester? What is your relationship to the requester?
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I solemnly swear that I have known the **requester** named below for \_\_\_\_\_ years.

**Requester information – person applying for birth or death certificate (Please print)**

Requester first name	Requester middle name	Requester last name	Requester date of birth mm/dd/yyyy
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**Name of the subject on the birth or death record requested (Please print)**

Subject's first name	Subject's middle name	Subject's last name	Subject's date of birth or death mm/dd/yyyy
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**Will you (the witness) and the requester go to the county vital records office together?**

YES The witness must sign this statement in front of the county registrar and show identification.

NO The witness must sign this statement in front of a Notary Public and give this form to the requester to submit with the birth or death certificate application.

Signature of witness	Date
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<b>Notary Public</b>	Signed or attested before me on _____ day of _____, 20_____	Notary stamp/seal
	Printed name of notary public	
	Notary public signature	My commission expires