



STATE OF MINNESOTA
COUNTY OF HENNEPIN

Statement to identify certified
birth or death certificate applicant

Minnesota Rules, part 4601.2600, subpart 6, require completion of this statement by a witness that has known the applicant for at least two years.

Witness information (Please print)
First name Middle name or initial Last name
Street address
City State Zip code
Ten digit phone number Date of birth Relationship to applicant
Applicant information (Please print)
First name Middle name or initial Last name
Name on the Birth/Death Record Requested (Please print)
First name Middle name or initial Last name

I have known the applicant named under Applicant Information for _____ years and solemnly swear or affirm that he/she is the person presenting the application for a certified birth/death certificate for the person named under Name on the Birth/Death Record Requested.

Sign in the presence of a registrar or notary and present government issued photo identification. If the witness cannot accompany the applicant to the registrar's office or if applying by mail or fax, the signature of the witness must be notarized.

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 \$3000 or both. (Minnesota Statutes section 144.227 and section 609.02, subdivision 3 and 4).

Signature: _____ Date: _____
(Sign in the presence of a registrar and present government issued photo identification.)

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 this: _____ day of _____ 20_____
Notary public signature My commission expires

Office use only
ID type _____ Initials _____