



# Birth Certificate Request

Use this form to order a birth certificate for a person born in Minnesota. *It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both (Minnesota Statutes 144.227)*

**Information to find the requested birth record** *Minnesota Rules 4601.2600*

<b>Child/Subject</b>	Child/subject first name		Child/subject middle name		Child/subject last name	
	Date of birth (MM/DD/YYYY)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth		Minnesota county of birth
<b>Parents</b>	Parent one first name		Parent one middle name	Parent one last name		Last name before 1 <sup>st</sup> marriage
	Parent two first name		Parent two middle name	Parent two last name		Last name before 1 <sup>st</sup> marriage

**REQUIRED – Requester information** *Minnesota Rules, part 4601.2600*

Requester full name		Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
Requester street address		Apt/Unit #	Email	
		City	State	ZIP Code

**REQUIRED — Mark the boxes that describe your relationship to the subject of the record** *Minnesota Statutes 144.225*

**Marital status is important.**  
Records of children born to married parents are “public”. That means that the certificate is available to those listed in items 1 – 18 below. Records of children born to single mothers are “confidential” unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19 – 23 may obtain confidential birth certificates.

**“Public” birth records are available to individuals who meet any of the legal requirements in items 1-18**

- |   |   |   |
|---|---|---|
| 1. <input type="checkbox"/> A parent named on the subject’s record  | 2. <input type="checkbox"/> A grandparent of the subject                          | 3. <input type="checkbox"/> A great grandparent of the subject                      |
| 4. <input type="checkbox"/> A child of the subject  | 5. <input type="checkbox"/> A grandchild of the subject                           | 6. <input type="checkbox"/> A great-grandchild of the subject                       |
| 7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse)  | 8. <input type="checkbox"/> I am the subject; I am requesting my own birth record |   |
| 9. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (we need a copy of the court order that names you)   |   |   |
| 10. <input type="checkbox"/> The health care agent for the subject (we need a valid “health care power of attorney” document)   |   |   |
| 11. <input type="checkbox"/> Subject’s personal representative who requires the birth certificate for administration of the subject’s estate  |   |   |
| 12. <input type="checkbox"/> Successor of a deceased subject who requires the birth certificate for administration of the subject’s estate  |   |   |
| 13. <input type="checkbox"/> Person who demonstrates a need for a birth certificate to determine or protect a personal or property right  |   |   |
| 14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)  |   |   |
| 15. <input type="checkbox"/> Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record).  |   |   |
| 16. <input type="checkbox"/> Attorney – I represent the subject, or a person listed in items 1-14 above.<br>My <b>Minnesota</b> Attorney License Number is: _____   |   | <b>If you are a NON-Minnesota attorney, attach a copy of your attorney license.</b> |
| 17. <input type="checkbox"/> Pursuant to a valid copy of a U.S. court order (not a subpoena) releasing the certificate  |   |   |
| 18. <input type="checkbox"/> I have a signed statement from a person above; it specifies the subject’s full name, date of birth, parents’ names, the signer’s relationship to the subject of the record and it authorizes me to obtain the certificate. |   |   |

**“Confidential” birth records are available only under the conditions, or to the person, in items 19-23**

19.  Parent named on the subject’s record
20.  The legal custodian, guardian, or conservator of the subject (you need a copy of a court order naming you)
21.  The subject, when *16 years old or older*
22.  Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and, tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID)
23.  Pursuant to a valid copy of a U.S. court order (**not** a subpoena) releasing the certificate

<b>Requester's name:</b>		
<b>Requester's signature and notarization</b>		<i>Minnesota Rules 4601.2600</i>
<i>I certify that the information provided on this form is accurate and complete to the best of my knowledge.</i>		
Requester signature		
<b>Notary</b>	Signed or attested before me on: ____ day of _____, 20____	Notary stamp/seal
	Printed name of notary public	
	Notary public signature	My commission expires:
<b>Fees and record request</b>		<b>Fee</b>
Birth Certificate (first copy)		<b>\$26</b>
Additional copies	# of copies	<b>\$19 each</b>
Veteran's Affairs (VA) certificate (for VA purposes only)	# of copies	<b>\$0</b>
<ul style="list-style-type: none"> <li>For express delivery or delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>		<i>Fees are due with the application and are nonrefundable.</i> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/Visa/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to Dakota County. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties ( <i>Minnesota Statutes 604.113</i> ).
<input type="checkbox"/> <b>Money order</b>	Money order #	
<b>Send your request and payment to:</b>		<b>Questions?</b>
Northern Service Center Service Desk 1 Mendota Rd W Ste 130 West Saint Paul, MN 55118		Contact Dakota County Northern Service Center at <a href="mailto:nscservicesdesk@co.dakota.mn.us">nscservicesdesk@co.dakota.mn.us</a> or 651-554-6531