



# 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>MN</b>
<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. 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. <input type="checkbox"/> Parent named on the subject’s record
20. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (you need a copy of a court order naming you)
21. <input type="checkbox"/> The subject, when <i>16 years old or older</i>
22. <input type="checkbox"/> 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. <input type="checkbox"/> Pursuant to a valid copy of a U.S. court order ( <b>not</b> a subpoena) releasing the certificate

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

Requester’s signature	Date signed
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