Mail To: **Brown County Courthouse, PO Box 248, New Ulm, MN 56073 (fax= 507-233-6668)**
Check Payable To: **Brown County Treasurer**

MINNESOTA MDH DEPARTMENT OF HEALTH

MINNESOTA BIRTH RECORD APPLICATION – CERTIFIED BIRTH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

BIRTH RECORD					
SUBJECT'S FIRST NAME		MIDDLE NAME		LAST NAME ON BIRTH RECORD	
BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and COUNTY OF BIRTH	
MOTHER'S FIRST NAME		MIDDLE NAME		MAIDEN NAME	
FATHER'S FIRST NAME		MIDDLE NAME		LAST NAME	

____ **$16 Certified Record**

Check one only:

1. I am the:
   - ❑ subject ❑ child of the subject ❑ spouse of subject
   - ❑ parent listed on the record ❑ grandparent of the subject ❑ grandchild of the subject
2. ❑ I am the party responsible for filing the birth record.
3. ❑ I am the legal custodian, guardian or conservator of the subject. **(Must present certified copy of court order)**
4. ❑ I am a personal representative and the certified copy is required for the administration of the estate.
5. ❑ I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6. ❑ I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
7. ❑ I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
8. ❑ I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
9. ❑ I am an attorney and my attorney license number is _____.
10. ❑ I am presenting your office with a court order issued by a court of competent jurisdiction.
11. ❑ I am a representative authorized by a person under items #1-10. **(Must have a notarized statement in addition to the application)**

Purpose for your request:

APPLICANT				
APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME		DATE OF BIRTH
CERTIFICATE MAILING STREET ADDRESS (No Post Office Box Numbers Without a Street Address)				
CITY	STATE	ZIP	PHONE NUMBER	
E-MAIL ADDRESS				

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

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).

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

Applicant's Signature: Date:

Please attach a copy of your valid Driver's license or State issued Identification card.

Signature must be notarized if applying by mail or fax.		*For Administrative Use Only*
Signed or attested before me on (date):	SEAL	ID Viewed:
Signature of Notary Public:		
My commission expires (date):		Initials: