

Complete this form to order a certified copy of a Minnesota birth certificate.

The law requires you to provide information to order a birth certificate, *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600. It is against the law to provide false information to get a birth certificate.* You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

| Information to locate the requested birth record  |                                      |  |  |                         |                              |                           |   |       |             |
|---|--------------------------------------|--|--|-------------------------|------------------------------|---------------------------|---|-------|-------------|
| Subject   | Subject's first name                 |  | Subject's middle name  |                         | Subject's last name at Birth | Name suffix               |   |       |             |
|   | Subject's date of birth (mm/dd/yyyy) |  | <input type="checkbox"/> Female<br><input type="checkbox"/> Male | Subject's city of birth |                              | Subject's county of birth |   |       |             |
| Parents   | Parent one - first name              |  | Parent one - middle name   |                         | Parent one - last name       |                           | Last name before 1 <sup>st</sup> marriage |       | Name suffix |
|   | Parent two - first name              |  | Parent two middle name   |                         | Parent two last name         |                           | Last name before 1 <sup>st</sup> marriage |       | Name suffix |
| Person completing this application  |                                      |  |  |                         |                              |                           |   |       |             |
| Requester name  |                                      |  |  |                         |                              |                           | Requester date of birth (mm/dd/yyyy)      |       |             |
| Requester mailing address – Street  |                                      |  |  |                         | Apt/Unit #                   | City                      |   | State | ZIP         |
|   |                                      |  |  |                         | Requester daytime phone      |                           | Requester email                           |       |             |
| <p><b>Information about birth certificates:</b> Most Minnesota vital record information is public information. When a record is public, information and certificates are available to individuals who meet the legal requirements in items 1 - 19 below. Other vital record information is confidential. Data about the birth of a child to a woman who was not married to the child's father when that child was conceived or born are confidential, unless the mother chooses to make the record public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 20 – 24.</p>  |                                      |  |  |                         |                              |                           |   |       |             |
| <b>MANDATORY — Check the boxes below that describe your relationship to the subject of the record:</b>  |                                      |  |  |                         |                              |                           |   |       |             |
| <b><i>Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)</i></b>   |                                      |  |  |                         |                              |                           |   |       |             |
| 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<br>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<br>7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse)<br>8. <input type="checkbox"/> The subject of the vital record (I am requesting my own birth record)<br>9. <input type="checkbox"/> Party responsible for filing the record (generally a health professional or birth attendant)<br>10. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)<br>11. <input type="checkbox"/> The health care agent for the subject (health care power of attorney is required)<br>12. <input type="checkbox"/> Subject's personal representative; a certified copy is needed to administer the estate<br>13. <input type="checkbox"/> Successor of the subject (subject is dead); the certified copy is needed to administer the estate<br>14. <input type="checkbox"/> Determination or protection of a personal or property right and proof that birth certificate is needed<br>15. <input type="checkbox"/> Adoption agency — to complete post-adoption search (Employee ID is required)<br>16. <input type="checkbox"/> Local/state/federal governmental agency (Employee ID is required)<br>17. <input type="checkbox"/> Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix a copy<br>18. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate<br>19. <input type="checkbox"/> Authorized representative listed in 1-18 above (a signed statement from the person authorizing release to you is required) |                                      |  |  |                         |                              |                           |   |       |             |
| <b><i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i></b>   |                                      |  |  |                         |                              |                           |   |       |             |
| 20. <input type="checkbox"/> Parent named on the subject's record<br>21. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)<br>22. <input type="checkbox"/> The subject, when 16 years or older<br>23. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556. (Employee ID is required)<br>24. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order ( <b>not</b> a subpoena) releasing the certificate  |                                      |  |  |                         |                              |                           |   |       |             |
| Signature and Notary (application must be signed in front of a notary if applying by mail or fax)   |                                      |  |  |                         |                              |                           |   |       |             |
| <b><i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i></b>   |                                      |  |  |                         |                              |                           |   |       |             |
| Requester's signature   |                                      |  |  |                         |                              |                           | Notary Stamp/Seal                         |       |             |
| Signed or attested before me on: _____ day of _____, 20_____  |                                      |  |  |                         |                              |                           |   |       |             |
| Notary public signature   |                                      |  |  |                         | My commission expires        |                           |   |       |             |

# Birth Certificate Application

Complete this form to order a certified copy of a Minnesota birth certificate.

| How many certificates do you want?  | Request         | Fee  | Total                 |
|---|-----------------|--|-----------------------|
| One birth certificate sent by First Class Mail®.  | 1               | \$26   | <b>\$26</b>           |
| How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?  |                 | \$19 each  |                       |
| • Optional shipping :           USPS Priority Mail (Shipping in 1-3 Business Days)  | Yes or No       | \$7.75   |                       |
|   |                 |  |                       |
| • Credit Card Fee (If paying by credit or debit card)   | Yes or No       | \$2.00   |                       |
| <b>NOTICE: Fees are payable at the time of application and are non-refundable.</b><br><i>Minnesota Statutes, section 144.226.</i>   |                 | <b>Total amount due:</b><br>Amount must be at least \$26.  |                       |
| If I am not eligible to receive the certificate I requested, the Brown County Recorder's Office will contact me. I give Brown County permission to apply my payment to a follow up application. |                 |  |                       |
| <b>How do you want to pay?</b>  |                 |  |                       |
| <input type="checkbox"/> <b>Credit card</b><br>MasterCard/VISA  | Cardholder name |  | Expiration date       |
|   | Card number     |  | 3-digit security code |
| <input type="checkbox"/> <b>Check</b><br>Check # _____<br><br><input type="checkbox"/> <b>Money order</b><br>Money order # _____  |                 | <b>Make your check or money order payable to Brown County Auditor Treasurer. DO NOT SEND CASH.</b><br><br>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i> |                       |
| <b>Send application and payment to:</b>   |                 |  |                       |
| <b>BROWN COUNTY COURTHOUSE<br/>           RECORDER'S OFFICE<br/>           PO BOX 248<br/>           NEW ULM MN 56073-0248</b>  |                 |  |                       |
| If you have <b>questions</b> , please contact us at <a href="mailto:recorder@co.brown.mn.us">recorder@co.brown.mn.us</a> or call 507-233-6657.  |                 |  |                       |