



Birth Certificate Application

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.

Section A-Information to find the requested birth record

Subject	Subject first name		Subject middle name		Subject last name		Name suffix	
	Subject's date of birth (MM/DD/YYYY)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Subject's city of birth		Subject's county of birth		State of Birth MN
Parents	Parent one - first name		Parent one - middle name		Parent one - last name		Last name before 1 st marriage	Name suffix
	Parent two - first name		Parent two-middle name		Parent two-last name		Last name before 1 st marriage	

Section B Requester-Person completing this application

Requester	Requester Full Name				Date of Birth (MM/DD/YYYY)				
	Requester mailing address – Street				Apt/Unit #	City		State	ZIP
					Requester daytime phone		Requester email		

United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.

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.

MANDATORY — Check the boxes below that describe your relationship to the subject of the record:

Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)

- | | | |
|---|---|--|
| 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 (a certified copy of the court order that names you is required) | | |
| 10. <input type="checkbox"/> The health care agent for the subject (A valid health care power of attorney is required) | | |
| 11. <input type="checkbox"/> Subject's personal representative (we need a notarized statement that says you need a birth certificate to administer the estate) | | |
| 12. <input type="checkbox"/> Successor of the subject (subject is dead; we need a notarized statement that says you need a birth certificate to administer the estate) | | |
| 13. <input type="checkbox"/> Proof that you need a birth certificate for the determination or protection of 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 Minnesota Attorney License Number is: _____ | If you are a NON-Minnesota attorney, attach a copy of your attorney license. | |
| 17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate | | |
| 18. <input type="checkbox"/> I have a signed and notarized statement from a person above; it specifies the subject's full name, date of birth, parent's names, the signer's relationship to the subject of the record and it authorizes me to obtain the certificate. | | |

Birth certificates available only under the conditions or to the persons named below (Confidential records)

19. Parent named on the subject's record
20. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
21. The subject, when 16 years or older
22. 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)
23. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

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

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How many certificates do you want?	Quantity	Fee	Total
One birth certificate sent by First Class Mail®.	1	\$26	\$26
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
How many VA birth certificates do you want? VA birth certificates are available for free- <i>for Veterans Affairs related purposes only</i>		Free	\$0
I want rush processing. (Sent by First Class Mail® unless I choose rush delivery below.)	1 Max Additional charge of:	\$20	
I want Express delivery. (Sent USPS Priority Express®. Rush delivery requests are processed in order receive unless I choose rush processing above.) <input type="checkbox"/> Check box if you wish to require a signature for receipt. If you do not check this box, no signature will be required at the time of delivery.	1 Max Additional charge of:	\$26.35	
For international requests, please go to HTTP://jrcal.usps.com to calculate and include international mailing fees.			
There will be a 2.49% convenience fee for credit card transactions.			
NOTICE: Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>		Total amount due: Amount must be at least \$26.	
If I am not eligible to receive the certificate I requested, Olmsted County Vital Records will contact me. I give Olmsted County Vital Records & Licensing permission to apply my payment to a follow up application.			
How do you want to pay?			
<input type="checkbox"/> Credit card [Circle One] MasterCard/VISA/Discover/ American Express	Card holder name (Cardholder must be same as requester)		Expiration date
	Card number		3 or 4 digit Security Code
<input type="checkbox"/> Check Check # _____		Make your check or money order payable to Olmsted County. DO NOT SEND CASH. 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>	
<input type="checkbox"/> Money order Money order # _____			
Send application and payment to:			
Mailing Address		Fax Number	
Olmsted County Vital Records Office 151 4 th Street SE Rochester, MN 55904-3709		507-328-7965	
If you have questions , please contact us at Vitals@olmstedcounty.gov or call (507) 328-7660.			